

East Africa Revisited: The Gift of Service

By Harrison Bloom, MD



Pat and H at Murchison Falls on the White Nile

After I graduated from Penn in June 1968 with a major in Russian History, a combination of wanderlust, desire to be useful, and desire to avoid going to Vietnam lead me to the Peace Corps and a stint in Gimbe, in far west Ethiopia, with my girlfriend. I loved that time of adventure and loved teaching my students, many of whom would walk 2 hours each way to school, often barefoot and wearing the only clothes they had. I taught English and African and World History, but had a nagging sense that there was something else needed more. After I had some of my students do a survey of latrine availability in the area I was hooked on the idea of returning with an MD to do public health. That took me back to the University of Minnesota for a year of premed, and then embarking on the rigorous path that becoming a doctor entails. In 1973-74 my wife Patricia, also a Minnesotan and a fellow med student, and I took some time off to work with the Pokot tribe in western Kenya under the mentorship of a British missionary-turned-government doctor. Pat was fully on board with the idea of working in East Africa, despite her parents' qualms about us living in a mud hut for the rest of our lives. That year was a grand adventure that included

traveling in Europe, the Middle East, and India, as well as in the game parks of Kenya and Tanzania. However, the message we got pretty loud and clear from health professionals we met was: “We are training our own primary care doctors and public health policy makers. Come back when you have some other skills that we need.”

Fast forward to 2016, more than 40 years since my first captivating trip to Africa. In the interim Pat and I had graduated from University of Minnesota medical school and trained in internal medicine in the avant garde and forward thinking Residency Program in Internal Medicine and Social Medicine in the Bronx. Those were dark days in New York City; our outpatient training was at the Martin Luther King Jr. Health Care Center in the South Bronx, which was literally burning down. We finished our residency training and stayed on at Montefiore Medical Center in the Bronx, me as a faculty member for the Internal Medicine/Social Medicine Residency, and Pat as Director of the Outpatient Department at Montefiore. In those days, the field of geriatric medicine was in its embryonic stages in academic medicine in the United States; in the early 80s both of us were recruited by our previous boss in Medicine to help start a Division of Geriatric Medicine at Montefiore and the Albert Einstein College of Medicine. Subsequent years saw us continue with other developmental efforts in academic geriatric medicine at one of Columbia University’s teaching hospitals and at Mount Sinai Medical Center, with other stints for me as Medical Director of a large nursing home, Medical Director of Medicare Programs for Oxford Health Care, and the opportunity to teach clinical geriatrics in many countries around the world through the International Longevity Center in New York and the International Institute on Aging, a UN group based in Malta. We also raised our two kids, Laura and Jedd, now both married and parents of two kids each, in the little town Hastings-on-Hudson just north of New York City.

In 2016 I serendipitously ran into a former colleague from Montefiore, Dr. Gerald Paccione, Professor of Global Health at Einstein and founding Director of Doctors for Global Health Uganda. “Are you doing anything for old people?,” I asked. His answer in the negative and a willingness to think creatively about how we might collaborate lead to the birth of The Kisoro Elders Project.

Kisoro is the District Capital town for Kisoro District in far southwest Uganda, just miles from the borders with Rwanda and with the Democratic Republic of the Congo. With a population of 13,000, it is a small commercial hub for the surrounding agricultural countryside made up of about 400 “villages”, areas dotted by family compounds set among large fields of “Irish” (white) potatoes and “climbing (brown) beans” and smaller coffee plantations and family vegetable plots. The area is breathtakingly beautiful, a quilt of terraced farms on steep hillsides, beautiful lakes,

and dormant volcanoes covered by forests that house the amazing silverback mountain gorilla. The inn we always stay at was historically a home to gorilla researchers; we usually stay in the room Diane Fossey lived in when she came down out of the forest. Near the equator but high (6000 feet), the climate is temperate and in the past divided into rainy and dry seasons, with those demarcations being shifted now by climate change. Subsistence farming is the norm, with the majority of villagers living in abject poverty (<\$2/day), with no electricity or running water.

Since 2005, Doctors for Global Health (DGH), under the skillful leadership of Jerry (Paccione) and the medical team at Kisoro District Hospital, has guided clinical practice at the hospital and its clinics. A very unique contribution has been the development of a cadre of Village Health Workers (VHWs) from 52 of the surrounding villages, elected by their villages and trained by DGH over 1-2 years to deliver health care services for uncomplicated medical problems. VHWs, many of whom have only a primary school education, carry a medical bag, monitor chronic diseases such as high blood pressure and diabetes, monitor maternal and child health, dispense medications, and respond to acute problems such as fever, cough, and diarrhea. They are paid a stipend for each service, make an average of \$279 per year from their VHW work, also farm and take care of their families. They are smart, dedicated, warm and personable individuals.

I traveled to Kisoro twice in 2017 to conduct focus groups in representative villages with elders and village chairpersons. After assessing the needs of these older adults, we decided to focus The Kisoro Elders Project on training VHWs to screen for common conditions that directly affect quality of life in older persons, and to provide simple, low cost interventions that could offer an immediate improvement in quality of life. Our selected areas of focus are Vision, Hearing, Mobility, Pain, and Depression. We have taught VHWs to screen for far and near vision problems and to provide reading glasses, which are enormously helpful not only to elders who are able to read but also for sewing, preparing food, and sorting beans from chaff and stones. We bring the reading glasses, \$1 each at the Dollar Store, from the US. People with far vision problems are referred to the hospital optometrist for glasses or cataract surgery. Hearing problems are identified with a simple (but validated) Whisper Test, and VHWs have been taught skills in inspecting ear canals for impacted wax, washing it out if present, and providing a simple "listenator" (see picture) for people with profound hearing loss. A friend has donated the listenators, manufactured in Thailand; their commercial market cost of \$10 compares favorably with the \$1000s for hearing aides in this country. Another simple but validated test, the Get Up and Go, identifies people at risk of falling and in need of a cane. A local carpenter has

been retained to make the canes, very handsome sturdy models, for about \$7 each. We worried that people might reject the canes, since they traditionally carry a tall but lightweight walking stick that doesn't provide adequate support or stability for mobility-challenged elders traversing hilly and rocky terrain. Instead, people love the canes so much that they've been known to cheat on the Get Up and Go Test in hopes of qualifying for one! Musculoskeletal pain is an almost ubiquitous problem among people who have spent their entire lives digging in the fields (no machines or animals are used to assist in the farming techniques used in Kisoro), but pain medication, cheap by our standards, is too expensive for people to buy. The VHWs are able to provide Panadol, the same as our Tylenol, and 50% are helped by it. For Depression, VHWs are taught to screen for it using a common depression screening tool, the PHQ-9, developed in the US but also validated in Africa. People who screen positive for severe depression or suicidality (unfortunately not rare in rural Kisoro) get referred immediately to the hospital mental health team. For individuals who screen positive for mild to moderate depression, we have conducted pilot small group depression support groups in 6 villages. We use an intervention of peer-lead small groups, modeled on Interpersonal Therapy (IPT), developed at Columbia University for use with depression in low-resourced developing countries. Our first six groups, with 6-10 participants each, were enormously popular; elders have begged for them to continue. We intend to have VHWs screen all older adults in their villages for depression in order to expand the numbers of small groups.

We trained all 52 VHWs and our Project Director Moses between February 2018 and February 2019. Moses has been a gift to the project. He worked with DGH since he began as a translator in 2008, subsequently graduated from University and is an MSW candidate with a specialization in Gerontology, possibly the only one in Uganda! He is assisted in his efforts to supervise and administrate the project by the Clinical Supervisors from the hospital, all of whom have a clinical credential (RN, Clinical Officer) and 6 VHW Co-Supervisors. Their promising performances have given us confidence that we will be able to achieve one of our important goals, being able to work ourselves out of a job.

As of July 2021, VHWs have screened 2235 (out of a total of 3967) older adults for vision and have dispensed 1467 pairs of reading glasses; screened 965 for hearing problems, conducted 904 wax washouts and have given out 105 listenators; screened 3883 for mobility and pain problems, and have given out 562 canes and pain medication to 3872 people.

A new and exciting initiative was generated by a chance meeting with someone working on a solar light project who had breakfast next to us at our inn one morning.

She referred us to Sarah Baird of Let There Be Light International, based in Buffalo, NY, who gave us 100 individual solar light units to distribute to needy elders. These lights, with small solar panels on the back, are truly transformative for older adults. Any light after sunset is typically provided by kerosene candles, which cause a lot of house fires and increase the incidence of respiratory disease greatly. Many elders can't even afford kerosene, so they sleep isolated in the dark at night. Having a solar light means that other adults from the family compound congregate in the older adult's small house to converse at night, and students come over to study by the light. We have subsequently received 250 more lights from LTBLI, and 500 more thanks to a Kisoro Elders Project supporter. Our goal is to provide a light for every needy elder in the villages. They cost us \$7 each; you can get one on Amazon, the Pico Sun King model, for \$22.

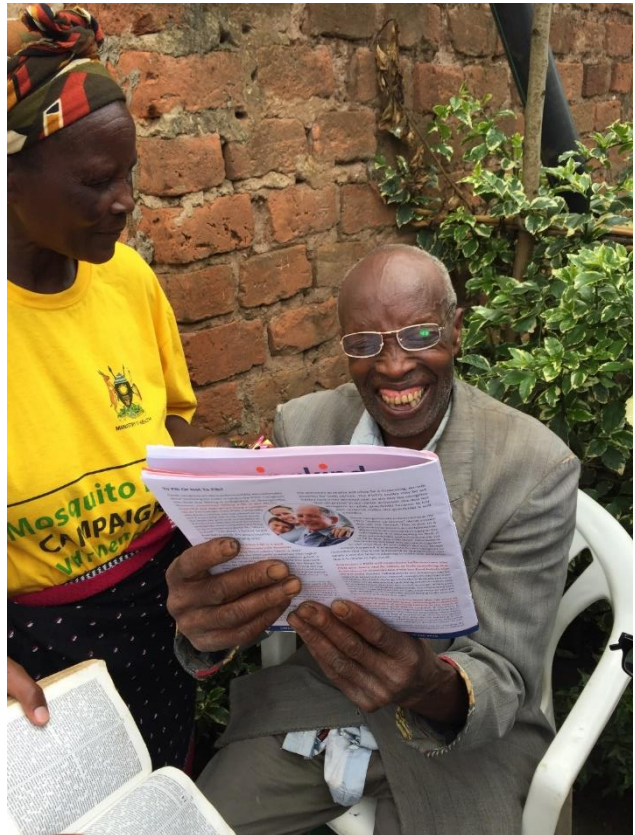
In the past year VHWs conducted a Geriatrics Census in their villages, documenting the correct numbers and living conditions of elders, as well as their functional abilities (Activities of Daily Living: the ability to be independent in bathing, dressing, toileting, transferring, continence, and feeding) and their contributions to their families and communities (Contributive Functions: helping with farming, child care, food preparation, family decision-making). Our aim is to understand not only the functional needs of the elders, but also to document their value, and therefore the wisdom of providing for them. (A health and social safety net is almost non-existent).

Covid and a severe national lockdown put a halt to many activities of DGH and our project, but also inspired many adaptations, including open air clinics, delivery of medications by motor scooter, and educational Covid "Home Talks" by VHWs (funded by a Kisoro Elders supporter). The terrible surge of infections that many anticipated has not materialized, usual project activities are resuming, and we hope to return to Kisoro before the end of the year.

This project has been a true gift to Pat and me. Through the hard work and dedication of Moses, the DGH staff and the VHWs, many older people who have previously felt forgotten by the health care system have benefited in tangible ways. We have taken biannual trips to Kisoro (at our own expense) that have been extremely fun and gratifying (including safaris in the amazing game parks of Uganda), and have made many friends there. A wonderful network of family and friend supporters has provided funds for equipment, staff, VHW stipends, and continuing education of VHWs. And my long ago dream of working in East Africa has come true; what could be better?



Moses with older woman with listener (on left) and Moses demonstrating solar light to VHW



(Left) Woman digging in fields after Panadol, who could previously not dig because of pain. (Right) Man with reading glasses.



VHW Graduation, February 2019

To help support The Kisoro Elders Project:

1) By check: make out to Doctors for Global Health, and ******write "Kisoro Elders" in the Memo line******. Mail to: Ms. Shirley Novak, c/o DGH, 2669 E. Genesee St., Syracuse, NY 13224. Ms. Novak will send you an acknowledgement of your tax-deductible charitable contribution. Be sure that your address is on the check, or that you include it with your check.

2) Online: www.dghonline.org. Select "donate now". ******In the Tribute section of the "Donation Information" section, indicate "Kisoro Elders" on the "Tribute Name" line. You can still fill in the other information in that section if you want to make your donation "In Memory Of" or "In Honor Of". ****** You will receive acknowledgment of your tax-deductible charitable contribution.

If you have any questions, please feel free to contact us directly. Please note that all charitable contributions go directly to project expenses (equipment, VHW stipends, other project support staff), and not to our personal expenses.

Thank you SO MUCH for your support. "We thank you from the bottom of our hearts" is something we often hear from Kisoro elders, and we pass their heartfelt gratitude on to you.

H (Harrison) harrisonbloom@gmail.com and Pat patriciaabloom@gmail.com

