

## **Reappearance of health brigades**

In early November, Senior Life Services of Morgan County launched the “Bath Brigade”, a program to provide a bath at least once a week to primarily homebound elderly folks. In an informal survey, these individuals, largely women, indicated this was the service they most coveted.

Fear of falls, disabilities, embarrassment over a family member assisting them bathe, and failure to qualify for certain home health benefits contributed to the situation. The consequences were not only a loss of self-esteem but dermatological and other avoidable medical conditions.

Throughout history, health brigades - usually formed by women - have arisen to address health related concerns not met by the community health system. The garlic baths during the 1918 influenza epidemic, and mothers confronting polio in the mid nineteen hundreds that led to the March of Dimes, are examples.

Close to home, the November 27, 2017 *Gazette-Mail* featured an interview by Sandy Wells of Jennifer Waggener, founder of “Faith in Action”, a volunteer organization that provides senior care services to individuals in Kanawha and Putnam counties. She notes how the greatly varied, unmet needs are “real” and fill “real” gaps regardless of the income level of the folks served.

Each year taxpayers are asked to send more and more of their income to central government agencies to provide necessary health and support services, especially for the elderly, disabled and poor. After central government takes its cut, it returns the remaining dollars via health insurance benefits and categorical grants.

However, because of the lack of strong local health management and resource flexibility, as well as, duplication, fragmentation, waste, very rudimentary communication technology, and other factors, the job just does not get done. In each unique community, the situation varies but funding deficiencies and rigidities – as well as management and technology voids – are nearly universal, hindering effective and efficient local community care systems.

The brigades are deserving of our accolades but they will always be limited in the scope and intensity of the wonderful services they provide, since they depend on grants and the donations of local residents, who have already sent most their money to central government to provide these services.

This situation is not likely to change but we can at least advocate for changes that will provide local government some of these central controlled resources, and flexibility in their use, in order to sustain and expand these brigades to meet “real” needs. Secondly, local communities need to strengthen system’s integration, management leadership and communication technology.

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