

TITLE: Peace Corps report of interview with Tim Miner

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LOCATION: Zaire

TIME PERIOD: 1972-1973

ROLE: Peace Corps volunteer

NOTES: After his stint in the Peace Corps, Tim Miner became a WHO Technical Officer in Bangladesh in 1973-74. Interview conducted on 17 December 2013.

WHO IS TIM MINER AND HOW DID HE COME TO BE INVOLVED IN SMALLPOX?

Tim was a Peace Corps Volunteer (PCV) in the smallpox work in Zaire (now: Congo). Tim's service followed that of Ken Bloem. PC sent him to Zaire to serve as a team lead in Northern Shaba for the WHO effort in smallpox eradication. Tim worked under an Austrian physician named Hornbanger. (Tim does not recall his first name.)

Tim was originally sent to Swaziland in Sept. 1970 as a PCV Teacher. He received an orientation in a teacher's college in Manzani where he learned of Swazi teachers being out of jobs. Tim did not want to continue teaching for the second year of his two-year assignment. He wanted an unemployed Swazi teacher to have his job. This led him to meet with the PC Country Director to ask him not to bring any more PCV teachers to Swaziland. He lived with a local family for 2 months. Each homestead was called a 'Kraal', an Afrikaans word after the English word corral; where the cattle were kept at night for safety. His host mother was the 5th wife of his host father and she had 5 children. The kids had never seen popcorn before. Tim prepared some for them by showing them the un-popped kernels, heating the pan and popping the corn and then showing them the popped corn. They were amazed. His host mother asked him what she could do not to have more kids as she was responsible for the economic viability of the family and not the father.

Tim taught high school from Jan. - Dec. 1971 in a school with no electricity or running water. He had to ford a river to get to the school from the main road and ford the stream to get back. Tim shared a house with 2 Zulu teachers from South Africa who lived in Soweto and told him about Nelson Mandela, who at that time was in prison on Robin Island.

He wanted to continue in PC, but that meant changing countries and programs. He had to give two years in the new country for a total of three years as a PCV. He had photography experience and spoke French, so originally PC was going to reassign him to Morocco as an agricultural photographer. But instead of Morocco, Tim was offered the chance to go to Zaire for smallpox as a Field Epidemiology Team Lead.

In Jan. '72 he went to Zaire via Johannesburg and Nairobi. He remained in Zaire for the next year and a half before taking a 4 week home leave to the US. On his way to the US, he stopped in Geneva and saw D.A. Henderson on a Sunday afternoon in his office at WHO and personally asked him about a job after PC service in Zaire was completed. This led to his posting to Bangladesh. He left Zaire for good in the fall of 1973, was in Bangladesh from 1973-1974, and then went to the University of Michigan for an MPH degree. After receiving his degree, he moved to Washington DC and consulted on Global Health. Then he moved Boston for more Global Health consulting. He joined USAID and worked in DC for one year before moving to Manila. Tim was in Manila at the time of People Power, the change from Marcos to Aquino. From Manila to Jakarta for three years more with USAID and then Tim and his wife joined CDC.

PEACE CORPS' INVOLVEMENT IN SMALLPOX IN ZAIRE

WHO reached out to PC for some Volunteers to support the smallpox eradication effort in Zaire because "they could not find doctors anywhere in the world who would live in these conditions." Tim spent 28-29 days a month on the road.

[Interviewer note: Note the difference here: In Ethiopia, WHO contacted CDC which contacted PC. CDC was not involved in Zaire at this time although they were involved in measles and smallpox in West Africa.]

HOW DID HIS PC SERVICE UNFOLD? WHAT TYPE OF ACTIVITIES DID HE DO?

As team lead, Tim had an assistant, a driver, a night watchman, and 2 vaccinators in his team. They had 5 Land Rovers at their disposal and Tim had a furnished and paid for apartment at the local hotel. Apart from Tim, the team was comprised of host country nationals (HCNs) from Zaire. They were hired by Ken on contracts specifically for the work in smallpox eradication; they were not employees of the WHO or the Ministry of Health (MOH) as far as Tim knows. The MOH did not assign anyone to their team as a counterpart. At the time PCVs were assigned to the SPX (as the smallpox program was known).

Tim's team worked in northern Shaba (formerly Katanga) Province. Ken was the first PCV and Tim was the last in Shaba. He had a furnished office in a local clinic. He reported to WHO's smallpox coordinator in Kinshasa and received 1-2 days of orientation. His orientation with Peace Corps consisted of a half day with the health program officer. He then went to the smallpox HQ in Zaire and had very little contact with PC after that. At his orientation at the WHO office, he was told that he would get extra money, staff, an apartment, and an office. He "would not have to live like a Volunteer." He had experienced living as a Volunteer in Swaziland and did not mind, but since he was posted to WHO he had to fit in there. He had everything he needed to do his job; no lack of resources. Pierre Ziegler was the WHO Deputy Director and the Zaire Director was Dr. Ziegler's counterpart.

At his orientation, Tim learned how to administer smallpox from Russian-made freeze-dried vaccine using a bifurcated needle. You take the patient's arm and prick about 15 times until you see blood. [As an aside, Tim told a funny story of how he was asked by the trainers to describe the process in French and he said "You prick the arm until you see a trace of *singe*," which means 'until you see a little

monkey.’ The correct word is *sang* (blood).] Tim’s orientation also involved a practical side with 4 weeks in the field with Ken Bloem.

Since there were no cell phones or email at the time, Tim was issued a shortwave radio.

The national mass vaccination campaign had already wrapped up when Tim went to Zaire. The focus now was on search and containment. The only time Tim was involved in a mass vaccination effort was with Ken in Kalime. There were reports of smallpox-like cases north of this town, but due to rebel activity, it was too dangerous to go there. So Tim and Ken organized a vaccination effort in Kalime for 5-7 days. The strategy was to lessen the likelihood of the virus spreading. Even rebels would come into town to get vaccinated.

Tim was the only Volunteer in northern Shaba. There were other PCVs in other provinces (such as Arthur Millo, who was also working on smallpox), but Tim entered alone, not in a training group. He is not sure of the number of Volunteers involved in this work, and he did not get together with other Volunteers as those PCV working on Smallpox were far apart and at that time, the only PCVs outside of Kinshasa.

Tim spent 28-29 days a month on the road. Northern Shaba was divided into segments. They would get to each place about twice a year. They organized their travel based on roads and clinics. The strategy they used (which is the same in other countries) was surveillance. First they would go to all MOH clinics, private-sector, and church-sponsored clinics in the area. They would show pictures of the disease and ask the local people for any reports on cases. They would then leave immediately with food and provisions to track down and investigate these cases. If they found that the case had pustules and scabs at the same time (presumptive smallpox) they would create lists of these ‘case contacts’ and then check their immunization status and vaccinate anyone who had not already received one. Sometimes people also sent word to them of cases. They did not conduct any formal scar surveys in Zaire.

They saw fewer and fewer cases as time went on. More people knew of the reward for reporting cases. It started at about \$.50 - \$1 for a case report and then went up. The offer of a reward generated a lot of good publicity for their work.

Tim reported a unique experience vaccinating pygmies in the forest. They were traveling through the area and could see them hiding in the bushes. They approached to ask if they had seen any cases of smallpox. One of the members of the team could speak a little of their language. The pygmies distrusted the vaccine so they asked to see it given to Tim to prove it was safe. Then they gradually came out of the forest for vaccinations; first the older men, then younger men, older children, younger children, and finally women with infants, in that order. In those days, the pygmies did not use clinics. They were regarded with suspicion by other Zairois.

WHAT DID THE ZAIROIS THINK ABOUT SMALLPOX AND THE ERADICATION EFFORT?

The Zairois understood the disease well as it was wide spread and killed some family members and scarred the faces of those who had a severe case. Often they came for vaccination because they were given a certificate of vaccination by our team. The police would ask civilians for their certificate and if

they did not have one they were told to get vaccinated. If they did not have a certificate following the mass vaccination campaign, they had to pay a fine to the Police Officer.

WHAT UNIQUE ATTRIBUTES/SKILLS DID PCVs BRING TO THE SMALLPOX ERADICATION CAMPAIGN?

Pierre Ziegler told Tim that “He knew that Volunteers would go to the ends of the earth to find these cases.” WHO staff had ‘belief and confidence’ in Volunteers to get the job done. The PCV brought a “can do” attitude and a fantastic work ethic. Work till you drop; leave no stone unturned. They had to be diplomats, mechanics, linguists, and serve as exemplary Americans representing not only WHO and the United Nations, but the USA as well.

HOW DID THIS IMPACT HIS CAREER PATH AND THAT OF HIS FELLOW PCVs?

“Peace Corps needs to take credit for much of this.” Tim credits his career at WHO, USAID, and CDC to the start he got as a PCV.

WHAT DID THE PCVs TAKE AWAY FROM THIS EXPERIENCE?

This is what Tim took away: “Keep trying something new. Don’t be afraid to do something I have never done before, for once done, I became an ‘expert’. Doing this often, provided the confidence and courage to do other things I had never done before. The other take-away message is that I learned that as an American, I am ‘always on’ whenever I leave the US. In addition, always treat everyone, regardless of station in life, with dignity, respect and reverence. I am currently given to be especially kind and helpful to foreign visitors to the US. I like to return a small part of the enormous kindness shown to me by host country nationals. I used to belong to a US visitors association and showed visitors around Washington, DC, and Boston. I want to see how foreigners regard the US.”

OTHER COUNTRY EXPERIENCE

After his PC service, Tim worked in Bangladesh. There were still cases there. He saw one in a person who was visiting an area and tracked down that person and vaccinated everyone who had been exposed. Tim arrived in Bangladesh with Drs. Stan Foster and Stan Music of CDC. He worked there with Nilton Arnt from WHO and Nick Ward (a British national) from WHO. Tim was the only non-physician in the WHO group. But because he was an American, many thought he worked for CDC. He was assigned to riverine areas in southern Bangladesh. He lived on a hospital ship for six months and taught himself ‘smallpox Bengal’ (i.e., enough Bengali to trace reports of smallpox and to secure lodging and food). He remained in Bangladesh for 2 years (1973-1974).

Tim interviewed the last case of smallpox anywhere in the world in Somalia, Ali Maow Maalin. At that time, Ali had already been interviewed by reporters and physicians from all over the world. At that time, the reward was \$200-\$500 for a report of a case. People really wanted the money. After this case, they did surveillance for another 2 years. They sent scabs of suspected cases to Moscow and CDC for analysis. Electron microscopes were used to detect variola virus. In Somalia, Tim did a pock mark survey and looked for vaccination scars. That was to judge the level of the susceptibility in the

population. He did not do this in Zaire. The Somalia work was done between semesters at Michigan, in 1977 or 1978. Tim also mentioned Peter Corasco, a volunteer who lived with the nomads in Somalia. Peter had been a PCV in Ethiopia. Tim and Peter conducted a measles antibody titer survey by blood blot method (sticking the heels of infants). He worked on measles during this time as well as smallpox.

Stan Foster also sent Tim to Cameroon to do a country-wide assessment for the Expanded Immunization Programme (EPI). His report was used by the WHO physician who headed the Cameroon program, Dr. David Hayman at CDC. The report was also used as a case study by Dr. Bernard Guyer in his classes at The Johns Hopkins University School of Public Health. Both Drs. Hayman and Guyer wrote to Tim to thank him and inform him of their regard for his report.

EPILOGUE TO THIS STORY

A few years ago, Tim attended a dinner in Geneva celebrating the 30th anniversary of smallpox eradication. Following D.A. Henderson's remarks, Tim thanked the Russians (in Russian) for starting this movement at the General Assembly. Twice they put forward the idea of eradication before it caught on. The Russians had a prominent role in lab work confirming cases, and they also made the best vaccine. In addition, the Russians provided extensive technical assistance to the WHO smallpox program world-wide.