



## Yevugah Jerome-Jerry Kwasi Interview Transcript – January 16, 2021

**Dr. Emilie Joos, BISC Associate Director, recently interviewed Yevugah Jerome-Jerry Kwasi, a current candidate for the UBC [Master of Global Surgical Care](#) program.**

Jerome-Jerry is an Ophthalmic Nurse with the Crystal Eye Centre in Accra, Ghana. He is also the Volunteer Coordinator with Unite for Sight which is a Non-Governmental Organization committed to eliminating preventable blindness. Jerome-Jerry works clinically providing outreach eye care to patients in rural communities throughout Ghana, the Buduburam Refugee Camp, and economically-challenged inner city communities. He has worked collaboratively with and across the Ghana-Canada team on a BC Children's Hospital Research Centre-funded study examining the barriers to eye health care for children in rural settings.

His work includes providing free eye screening in deprived and under-served communities in Ghana, which is a developing country with its largest population in rural areas where availability, accessibility and affordability of health care (eye care) remains a great challenge.

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**Emilie:** *Welcome, Jerome. Thank you for accepting to talk to me today. This is really exciting. All the way for Ghana. So, because most of us don't know much about you, at this point, can you tell us a little bit about where you were born, and where you grew up? What led you to enter that field of ophthalmology and nursing, and what you do right now?*

**Jerome-Jerry:** My name is Yevugah Jerome-Jerry Kwasi. I was born in and grew up in Ghana. Growing up I was the second born of four children. The firstborn, my sister, is the eldest. Growing up, I had a father who is into healthcare, who was then an orderly at a hospital. He went through the ranks, went to school, became a nurse and then went into health care. So growing up, that's what I knew and that's what I wanted to be.

**Emilie:** *You had a model.*

**Jerome-Jerry:** I had a model at a very early age, so I was following him at a very early age to work in the villages where people cannot access health care. So it has become like a main passion. It's huge. Because when you go for most of the programs, you hear people say, "Thank you. God bless you. Thank you for coming." I knew, this is something that I wanted to do and that was it. So I followed through and went to do nursing and I went to do ophthalmic nursing. There was no turning back. Then, luckily, I had a chance to work with Unite for Sight, which falls in the same line as wanting to reach places where there's people who really need health care, but who don't have it. So that was it.

**Emilie:** *That's awesome. You just said something that really speaks to my heart when you said that, when people thank you for the work you do, you actually don't even feel like they should be thanking you because you feel lucky to be able to do that job. That's huge. I feel the same way every day. We're so lucky.*

*How did you end up doing work in terms of really helping people in underserved areas? You could work in a large urban centre and deliver ophthalmic care to people who have more access to that type of care. But what about patients who need it the most and are in more remote areas?*



**Jerome-Jerry:** How do we get there? Yes, like I said earlier, I was just lucky to have the opportunity to work with Crystal Eye Clinic, who later linked me to Unite for Sight. I really had models and I realized that this is exactly what I always dreamed to do. Get to the villages, where they really don't have eye care. That was it. It's like everything was planned for my life. So I just follow to keep going. It's fun. For the past 10 years, we go into villages. It's always happy to see somebody who is blind today, and in this moment, someone who has benefited from a surgery. You see smiles all over the person's face, their personal hygiene has changed, everything about them. So just because a person is blind, they appear so unkempt. Just because a person is blind, they appear so disoriented. There is much to do. It's fun doing it. When you see people will get surgery and they see, it's always fun. There's always joy. That has kept me going, yeah.

***Emilie:** I think it's fascinating how surgery can actually dramatically, drastically improve your quality of life. People talk about HIV, malaria and maternal care. But you know, we have to remember that there's so much more that are obstacles to people's quality of life. That's really huge. Have you looked a little bit into, in terms of practically speaking, the skills and tools you would need to actually make an even bigger difference in that field? How the Masters could help you with that? Have you thought through this a little bit?*

**Jerome-Jerry:** Yes, that was one. When Damian [Duffy] introduced me to the program and I read about it. I said, now this is a tool that can empower me further. Yes, I go to the villages and all that. But there's more to it that I see. The public health aspects, the education aspects. This program from UBC would definitely help me to go more, and to do more. But sometimes you are doing one thing, anything. That is all about it. You go a little further, you know that there's more to it. You know that no, that's more to it, that you are doing. We do it like a normal day. You wake up, go to the villages, see patients, surgeries eye care, medication, or glasses. You think, that's it. Then you realize that no, after reading about your program, that there's a lot that you can actually do. Probably killing several birds with one stone. Yes, once you go to the village, there's more you can do, apart from just having eye care.

***Emilie:** Yeah, I think it's important to start with a passion. You know, that's the number one thing. If you have the passion, then you'll go and you'll do that work. But if you add a layer of structured educational programs, and very good data collection and outcomes measurement, then you can just basically push this up to higher level and to change policy to change and strengthen your healthcare system. So I think that that's a really great segueway into what you're doing. Is Ghana a place where it's easy to make changes in the healthcare system? How does that work?*

**Jerome-Jerry:** It's not very easy. Not very easy. I may say it's probably, I don't know whether it's a world problem, but it's an African problem. Yeah, there's a lot of politics to most of the things we do. Depending on where you are, you may make a change. But we try to do the little changes, and official changes in most cases. Because sometimes, maybe the locals may understand you and may accept the change you are bringing on board. But to make it a national change, you need to be really connected.

It's not that easy to really make a change.



**Emilie:** *I understand 100%. I really hope that our program can help you find those connections and build a better case for for the patients you're trying to speak about and speak for mostly, and make sure that your message gets across where it needs to go across. I hope we can be vehicle for that.*

**Jerome-Jerry:** Yes, we do a lot of things without research. Like I say, we go to the community, see patients and all of that. We see like daily affairs. But with a program from UBC, that will empower me to at least get this data and put it to good use. Even if it doesn't affect my immediate environment, I believe that it will go a long way long way to affect other environments or other populations.

**Emilie:** *Yeah, this is a very long term type of battle for all of us, and that's everywhere in the world. You're not alone and Ghana. Every change that we want to make here starts very small and we need to build it up. I think it's nice to have this thought that this is going to be a down the line type of plan, but you want to build up the building blocks to get there. That's great, Jerome. Well, unless you have any other comments, I would just say, we're really excited to have you in our program soon. Hopefully, fingers crossed. We're working hard on that. You would be a phenomenal addition to our trainers and our students because everybody's context and experience, their experience and expertise, is really important in making this program strong. That's how we learn from each other.*