

Seeing a Growing Need



Distribution tables of glasses and medication.

I did not learn the true impact of 'visual impairment' through the crisp pages of textbooks, impersonal statistics on the World Health Organisation (WHO) website, or my own myopic vision; the people of Bihar, a northern Indian state, taught me. According to the WHO, an estimated 45.1 million Southeast Asians were visually impaired in 2002. For perspective (no pun intended), this accounted for 27% of global visual impairment. Only when I experienced their way of life, one that requires sight for survival, did these facts become genuinely meaningful.

Fortunately, many aid organisations have recognised the growing public health needs of Southeast Asia and initiated programmes during recent years. My search through such organisations led me to Unite for Sight, a 501(C)(3) non-profit organisation that currently operates in 25 countries worldwide. Unite for Sight volunteers span the globe empowering medically-underserved communities to improve eye health and eliminate preventable blindness. Thus, in June of 2005, I found myself flying halfway around the world with a suitcase full of donated eye glasses to the Indian state of Bihar, an area of extreme poverty and astounding medical need.

A family mission

In Patna, the capital of Bihar, Dr Satyajit Sinha and his wife, Dr Pooja Sinha, work side-by-side with his father, Dr Ajit Sinha, the founder of their hospital, the AB Eye Institute, and President of the All India Ophthalmological Society. Keeping a low profile and fees minimal, the AB Eye Institute avoids attracting the wrong types of patrons and does not require armed guards, a common occurrence in other hospitals.

Nonetheless, we practically always travelled by car. The streets were more crowded with bodies (cows, goats, dogs, and people) than vehicles (primarily bicycle rickshaws, motor bicycles, and the occasional car).

Each afternoon, Dr Pooja Sinha and Dr Satyajit Sinha visit a charity clinic where they see patients free of cost after they have finished seeing their private patients at A B Eye Institute in the morning and return in the evening to see additional private patients. They see 50-60 poor patients daily in the year-round afternoon charity clinics - these are patients who can barely afford one meal a day. Those patients requiring advanced diagnosis and treatment are brought to A B Eye Institute the following day to receive free care, a gesture that not many private practitioners follow. Patients with cataracts receive free IOL surgery with the support of Unite For Sight.

Aline, currently a second year medical student, was the other Unite for Sight volunteer. On Tuesdays and Thursdays, we travelled with the Sinhas to a suburb of Patna called Danapur; we were reminded of the fragility of peace in this region as we passed through a large military base, where units gather whenever tensions flare between Pakistan and India.

The patients were squatting on the dirt ground and scattered on the steps before the building when we arrived. Many women held young infants or supported elders. A local family had volunteered the two front rooms of their home for the camp. The lighting was poor and we raised the steel door that served as a wall to the street. A visual chart with Hindi characters resided above the door; we set up our glasses, notepads, and torches on a table at the back of the room. Stools surfaced for the



Anna Cooper, is currently pursuing a Master's of Public Health at the University of Rochester in the USA.

Correspondence:

Anna Cooper,
Email: anna_cooper@urmc.rochester.edu

patients. Once settled into our places, we signalled the volunteers to bring in the first patients and the race against time began! Many of the patients had travelled long distances by foot and needed to return home before the setting of the sun. For those who could read, Aline and I pointed to the Hindi characters and recorded their visual acuities. An old woman could barely walk; the local volunteers placed her on the stool beside Dr Ajit. It was more than her eyes that needed help and he suspected she required antibiotics. Her tiny figure reflected her reply: "I cannot afford food. How can I afford medicines?" She had no vision in her right eye and I could see the cloudiness of the left lens threatening to take her sight entirely. Dr Ajit dictated as I wrote the details on her card (a small white sheet of paper with the AB Eye Institute logo on the top), which served as her chart. We gave her directions to the clinic and explained that she needed surgery, which would not cost her anything with Unite For Sight's sponsorship of her surgery. Fitting her for the glasses she would need after the surgery, we turned to the next patient, a two-year old boy whose eye was swollen to the size of a tangerine and the colour of a pomegranate.



Surgery at the AB Eye Institute.

The following morning, in the AB Eye Institute, the old woman from Danapur was nervous but prepped for surgery. Dr Ajit calmly explained the procedure and operated swiftly. In a matter of mere hours, she walked out of the hospital clutching her new glasses and a prescription for antibiotics. While we are unable to serve all of her health needs, it was incredible to witness the transformation from providing sight alone.

Every month, the Sinhas travel north to Champaran, one of the poorest areas in India, which has no ophthalmologists within its borders. Champaran was literally like stepping into a history book: it was akin to a feudal period, complete with a few wealthy, ruling class families, owning all of the land, while the masses were farmers renting the land and living in poverty. The landscape was beautiful: a relatively flat expanse of watery rice, sugarcane and grain fields, punctuated by the colorful saris of the women workers. There were an incredible number of children roaming through the mud-hut villages with the families' cow(s),



Anna and Pooja consulting at Danapur.

chickens and goats. After a morning at the AB Eye Institute in Patna, 13 of us piled into two cars on Friday afternoon and traversed the eight-hour journey on the worst roads I have ever seen in my life. Ironically, the fields on either side were flat, but the road was bell-shaped with 30-50 degree angles and remnants of tarmac (obliterated by the monsoon each year). This sums it up: when asked how I felt after the journey, my immediate response was "like a scrambled egg."



The Unite for Sight cataract screening programme in Danapur.

Once in action, the camp was a sight to behold! Among shooting stars and a magnificent display of lightning, we set up the operating theatre and assessment rooms of the Anissa Medical Hospital. On Saturday morning we were greeted with a crowd of more than 200 people. After a brief round of speeches, the monsoon struck briefly as we posed for the media. Then, pandemonium broke out, as people queued for consultation. Unfortunately, even the broken Hindi that Aline and I picked up in Patna was of no use as the dialect was substantially different and an overwhelming number of the patients were illiterate. Nevertheless, we set up a table of medicines and glasses and distributed

them as needed. Five patients with cataracts in both eyes were selected for surgery. Each person had one of their cataracts removed on Saturday afternoon; they were given antibiotics and kept at the camp overnight. In one month's time, they will return to the camp for a check-up and surgery to remove the second cataract. It was quite incredible to see them walk out of the camp on Sunday morning. All told, 285 patients were seen by our group of doctors and volunteers in just one and a half days!

Perspectives

Despite blistering heat and relentless winds of dust, Bihar is home to an agricultural economy. Thus, the majority of its citizens are field labourers for whom sight is both necessary and at risk. The rural areas often lack any medically certified eye care specialist. Many urban hospitals charge fees, thus prohibiting the poor from access to eye care. By experiencing this reality, I have a vivid perception of the healthcare disparities in our world.

The Sinhas have devoted their lives to improving access to eye care for their fellow citizens. Awareness of eye care facilities is one of the most difficult barriers to preventing blindness, but the Sinhas persevere with endless energy and hope. Many of the patients did not think to seek help until too late. This underscores the importance of activities by the Sinhas and organisations such as Unite for Sight that promote eye care education and provide free eye surgeries to those unable to afford care. The teaching is reciprocal. I returned to the West with a greater understanding of Ophthalmology, public health, and myself. ■

For further information about Unite for Sight's activities and how to become involved visit www.uniteforsight.org