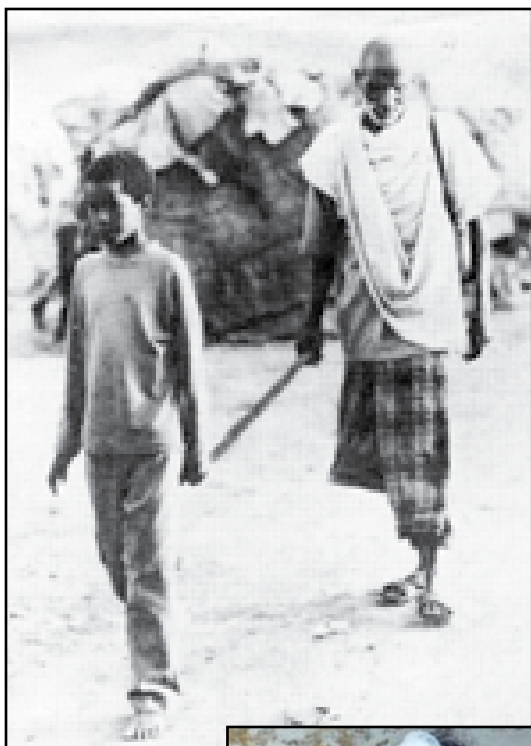


The Precious Gift of Sight



By: *Pierre Barbeau*
Executive Director

For anyone, anywhere, losing their eyesight is an appalling tragedy. For elderly people in the poorest countries overseas it is a personal disaster the scale of which is almost impossible to grasp. It means far more than not being able to see.

The onset of blindness through cataracts or repeated trachoma infection often means a slow but certain drift towards a life of helplessness and destitution.

The image of once-proud men and women being led with sticks by children because they can't even walk a few paces in safety is one of the most moving sights that I have ever witnessed.

That's why Help the Aged has supported eye care programs since 1978, and, with your support, so determined to carry on the fight against eye diseases.



*Help the Aged
eye care patient
Pratap Das in
Mathura, India*

India: 40 Million and Counting

Despite the combined efforts of international development organizations throughout the world, the need for eye care programs to help the poor continues to be very high. For example, the number of poor people in India waiting for cataract surgery is now over 40 million. With your help, support from the Canadian International Development Agency and the Manjari Sankurathri Memorial Foundation, Help the Aged is now funding 3,500 surgeries every year. Statistically, this number can be described as a drop in the bucket but when I meet the patients before and after their operations, the change in their lives can truly be described as miraculous.

The \$37 Miracle

It doesn't seem logical

at first. How could \$37 be enough to remove a cataract or two from one patient, provide food for the recovery period at the hospital, antibiotic eye drops, bandages and intra-ocular lenses to that same patient?

During my last trip to India a few months ago, which was sponsored by Air Canada, I attended a Help the Aged sponsored eye camp in a village close to the city of Kakinada, located near the east coast of India. One of the many patients I met there was Sattriya Mioriyala who needed a cataract removed from his right eye. Sattriya is a 70 year old farm worker who lives with his son. His wife passed away three years ago. I thought that following Sattriya and several other patients through the various steps of the eye camp program would give you a good idea of what is involved. The following is a description of how the eye camps (as they are called in India) are organized.



Sattriya Mioriyala

SIX STEPS TO RESTORING SIGHT

First Step: The Megaphone

Since most poor people living in rural areas can't read, and there are no radios or television sets, the most effective method to advertize the upcoming eye camp is to hire a car or motorcycle equipped with a megaphone which slowly makes it's way throughout the village to announce the date, time and location of the free eye camp and asking everyone with a vision problem to come. From there, word of mouth spreads the news throughout the village.

Second Step: The Assembly Line

Registration is the actual official opening of the eye camp at the village. Staff from the hospital drive together to the village and set up a registration table and the various stations that each of the patients must visit. A file is opened for each patient complaining about eye problems. Depending on the size of the village, several hundred people will want to be screened for cataracts, trachoma, glaucoma and other serious problems. This assembly line system to screen each patient is incredibly fast and the staff can test everyone requiring attention in most villages during one or two days.

THE PRECIOUS GIFT OF SIGHT

Third Step: The Flashlight



With the use of a flashlight, you can quickly become trained on how to spot a cataract. In most cases, the milky-white cataracts are so thick that they can be seen easily with the naked eye. The problem is that tests for diabetes, glaucoma, and high blood pressure must also be done to ensure that the operation will have a good chance of being successful. No expensive or complicated equipment is required (or practical) at the village level. Sattriya is shown in the photo going through the first test, which is basically counting fingers from a distance. Sattriya could only count fingers about 24 inches away, due to the thickness of his cataract.



Sattriya could only count fingers from a maximum distance of two feet.

A Schiotz Tonometer is used to test for glaucoma.

the device to the eye (see photo). The movement of the gauge indicates the amount of pressure within the eye. Unfortunately, cataract surgery cannot be completed if serious cases of glaucoma, high blood pressure or diabetes are detected.

After having their blood pressure checked and urine tested for diabetes, patients are tested for glaucoma with an accurate mechanical device called a SCHIOTZ TONOMETER. After eye drops to stop blinking are applied, the patients lie down and a nurse applies



THE PRECIOUS GIFT OF SIGHT

Fourth Step: On The Road Again

One or two days after the village screening has been completed, all patients are picked up at the village with the donated hospital bus and driven to the hospital in Kakinada. In one of the photos, Satriya is shown at the hospital being tested for his intra-ocular lens. This permanent lens costs eight dollars and means that Satriya won't have to wear glasses to work in the fields.

More and more organizations like Help The Aged are using these lenses because eye glasses normally provided for cataract patients quickly become damaged (or lost).

All of our patients are poor and most are labourers. Their eyeglasses are easily dropped and the lenses quickly become scratched or the small screws holding the eyeglasses together come apart and are lost. I have met many patients whose eyeglass lenses were so damaged that I could hardly see anything through them.

In Kakinada we are very fortunate to be working with Dr. Chandra Sankurathri, a Canadian who founded the Manjari Sankurathri Memorial Foundation. Chandra sacrificed his personal savings and his life to construct an eye hospital and an elementary school for the poor in India (see Ottawa Citizen article about Chandra



One of the purposes of this test is to calculate the power of the intra-ocular lens which will be needed by Satriya.

on page 6). Thanks to loyal supporters from Canada and the United States, Chandra has gradually acquired advanced medical equipment and supplies for the eye care program and is now completing 827 surgeries every month. With a second operating room near completion, he will be able to handle 2,000 surgeries per month.

The work done at Chandra's hospital is quite a contrast

to the work done in the "old days" when eye surgeries for the poor were done in army tents set up just outside the villages. With no electricity, the only source of light for surgery was an attendant holding a flashlight. The tent villages are now disappearing, but conditions at most hospitals for the poor are very primitive

THE PRECIOUS GIFT OF SIGHT

Fifth Step: Time for Surgery

Before surgery, each patient must bathe and put on a hospital robe. In the photo at right, Sattriya has just received a local anaesthetic through two injections around the right eye socket and he will later receive eye drops to prevent his eye from blinking during the surgery. The removal of the cataract and the installation of the intra-ocular lens normally takes 15 minutes. The eye is then bandaged and the patient stays at the hospital overnight. The surgeon gave me Sattriya's cataract, which was about 1/4 inch thick and had the same texture as a hard-boiled egg.

Because of the very large number of patients, there is not enough room for beds and each person is given a sleeping mat and provided with food.



Sattriya has just received a local anesthetic before surgery.



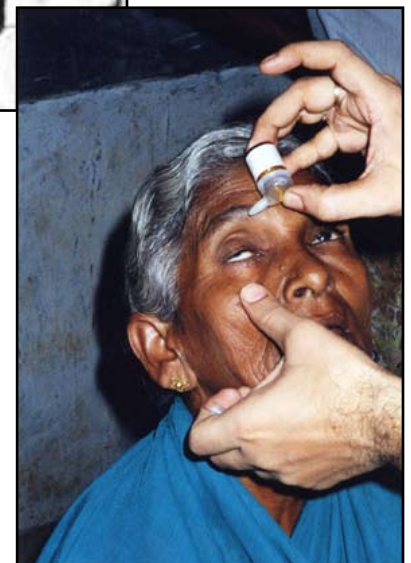
All patients must stay overnight at the hospital following surgery.

In the photo following surgery, Sattriya (right) is shown with his brother who also lives in the same village and incredibly, also had a cataract removed in his right eye just a few minutes after Sattriya. They are both very relieved that the surgery has been successfully completed.



Sattriya (right) with his brother following surgery.

The next day, training will be given to the patients on the use of antibiotic eye drops and everyone will return to the village at the end of the day. The drops are normally used every day for a month. Afterwards, a follow-up visit to the village is done by staff to evaluate each patient.



THE PRECIOUS GIFT OF SIGHT

The Final Step: THANK YOU!

Here are just a few of our happy patients in Kakinada the day after surgery. Through this photo, they wanted to thank our donors for their generosity. Without all of us working together, eye care programs in Kakinada and other hospitals in India would not be possible. On behalf of Sattriya, his brother and the 3, 500 other poor seniors who were able to see again during 1998, thank you for your ongoing support.



Just a few of our Help the Aged patients one day after surgery. 57,000 surgeries were sponsored in India by Help the Aged during 1989.

The following article is reprinted with permission from the Ottawa Citizen.

LIFE AFTER AIR-INDIA TRAGEDY

By Nathan Vardi

When Air-India Flight 182 exploded on June 23, 1985 over the Atlantic Ocean near Cork, Ireland, Nepean resident Chandra Sankurathri's life changed forever. Among the 329 people flying toward their death that day were Mr. Sankurathri's 34-year-old wife, Manjari, and his two young children.

Despite returning repeatedly to look for remains and stroll the beaches near the crash site, nothing Mr. Sankurathri

could do brought back his beloved wife, his six-year-old son, Sriikiran, and his three-year-old daughter, Sarada.

But out of that terrible tragedy, Mr. Sankurathri has found a sense of purpose.

The conversion came after three years of living with the Air-India tragedy among the ghosts of his former life in Ottawa. Mr. Sankurathri quit his job at the federal Department of Health and Welfare, sold his suburban home and returned to his place of birth, the Andhra Pradesh region

of southern India. There, in the city of Kakinada and at the age of 45, he invested the \$90,000 payout from his pension plan to build a three-room schoolhouse named after his daughter and later an eye hospital named after his son.

"I had to get on with my life and do something meaningful so I quit my job in 1998 and went to India."

Twenty-one years after he first came to Canada as an enthusiastic graduate student at Memorial University in St. John's, Mr. Sankurathri found himself

THE PRECIOUS GIFT OF SIGHT

Life After Air-India Tragedy *(continued from page 6)*

back in India. Back where he was raised by his older brothers after his mother died when he was five and his father suffered a fatal stroke when he was eight.

He had escaped the misery of losing his parents by concentrating on his education, graduating with a bachelor of science degree at 17. It was only natural for Mr. Sankurathri to focus on education again to escape the misery of losing his wife and children, this time by building a school for the children of the poor.

That gratification extended far beyond the 75 students that attend his elementary school after Mr. Sankurathri came in contact with an Indianborn American ophthalmologist (Dr. V.K. Raju) who wanted to donate modern equipment to help impoverished people in India. The hospital has helped some 14, 000 people overcome partial or total blindness since it opened in 1993.

“There are a lot of blind people in the area, among them 81 per cent are blind only due to cataracts”, said Mr. Sankurathri. “It is a curable blindness, it just takes a 15-minute operation and a bit of rehabilitation, and they can see very well



Executive Director Pierre Barbeau next to Dr. Chandra Sankurathri

and they don't have to remain blind the rest of their life.”

The hospital only charges those who can afford to pay for the surgery and Mr. Sankurathri even traded his jeep for a bus to transport patients from rural farming areas to the hospital. To be sure, there are long line ups in front of the hospital every day.

And there is plenty of work to be done. Mr. Sankurathri works long and often frustrating days. He has spent all of his pension money and most of the \$200, 000 he received from the Air-India settlement. He manages to raise some funds from various groups and individuals, most notably he receives \$1, 000 annually from the children

THE PRECIOUS GIFT OF SIGHT

Life After Air-India Tragedy

(continued from page 7)

at St. Gregory's Elementary School in Nepean and \$1,800 monthly from Help the Aged (Canada) and The Canadian International Development Agency.

"It wasn't easy and even today it's not easy, it is very hard to accept it," he said about losing his wife and children 13 years ago. "Now I am involved in helping others and I try to forget. I don't have much time to think about it, but it is always in the back of my mind."

In Canada, the Manjari Sankurathri Memorial Foundation is working closely with Help the Aged to coordinate eye care and tuberculosis programs in India. The Foundation was created in 1989 to support and assist Chandra's work in the Kakinada region.

YOU CAN MAKE A BLIND PERSON SEE AGAIN

\$37 is all that is needed to make a blind person see again. This includes the cost of the anaesthetic, surgery, bandages, antibiotic eye drops, hospital stay, food, transportation from the villages to and from the hospital and the intra-ocular lens.

If you had the opportunity of witnessing the joy on the faces of the elderly who can once again walk without assistance and who can finally see the faces of their children and grandchildren, I'm sure you would agree that offering someone the opportunity to see again is one of the most valuable gifts that can be provided.



Help the Aged
Aide aux Aînés
CANADA Reg. No. 11895 5921 RR0001

**Thank you
for your support
on behalf of those
who will benefit
from your generosity.**