ROUND the WORLD
with Michael and Valerie Lewis

PHOTOGRAPHS BY MICHAEL S. LEWIS ✣ STORY BY VALERIE SEARLE LEWIS

THE HIMALAYAN CATARACT PROJECT IN ACTION:

AN EYEWITNESS ACCOUNT

Report from: Ghana

Trip Date: June 2007

The patients waiting for cataract surgery were dignified, stoic, and silent. Many had endured hot and uncomfortable journeys to come and stand in the long line outside the clinic. Yet they waited, patient and uncomplaining, at each stage of the process: first to be screened, then to be prepared for their operation, later to stay overnight, and, the next morning, the exciting moment when their bandages were removed. Those minutes, when they realized they could see again, seemed to be as thrilling for the surgeons as for the patients and their families.

Michael and I went to Ghana to photograph two cataract camps, at which people from remote areas, with little or no access to health care, are able to have free cataract surgery. It was a powerful lesson in what can be achieved under challenging conditions. Older people who had been blind or had minimal vision were able to walk away unaided, excited at the prospect of seeing their children and grandchildren once again, while the younger people would be able to return to productive work.

The challenging conditions faced by the cataract camp leaders encapsulate much of what Ghana, and many other countries in sub-Saharan Africa, confront every day.

While individual Ghanaians, especially the poor, deal with these obstacles in a stoical and dignified manner, The Millenium Village Project and the Himalayan Cataract Project are attempting to introduce improvements using well-organized, high quality techniques and expertise.

Not only do heat and high humidity drain people of energy, they enable mosquitoes

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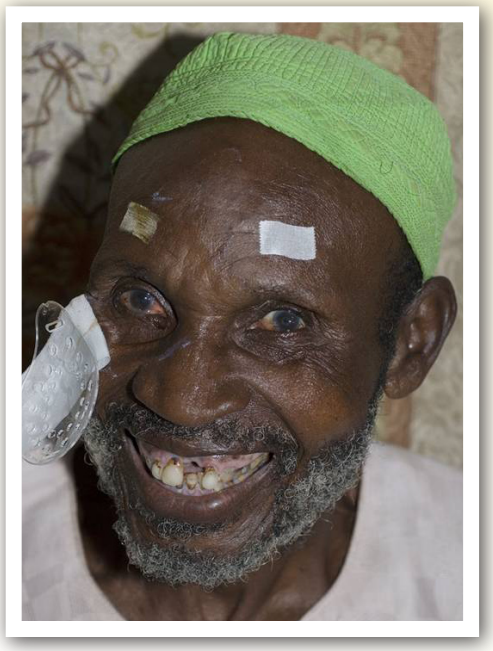

Sight restored!

Remote Ghanian Village

and many parasites to flourish both in the water and in their human hosts. Thus malaria is endemic to Ghana, killing children and weakening others. Fighting it requires education, for parents have to understand that their children must sleep under mosquito nets. When much of the population is illiterate or minimally educated, spreading that message is difficult. Rural health clinics scarcely exist because of lack of funds. Villages are hard to reach because of bad roads. Many have no electricity and no well. The stream or pond which provides their water is also home to the larvae of a variety of worms, as well as cholera and other water-borne diseases. To compensate for the high infant mortality rate parents have large families, straining food supplies and other services further.

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Poor villagers need improved agricultural knowledge to preserve the fertility of the tropical soil and to grow crops such as maize which provide more nutrition than their staples, cassava and yams. They need seeds and fertilizers. And they need better roads for access to expertise and to markets.

While children die from malaria and other diseases, they are frequently initially weakened by malnutrition. This is particularly so in the hot, dry north of Ghana. At the Children's Clinic in Kumasi Dr Ana Opoku explained to us that mothers from the north travel by bus or train to Kumasi to trade in the market. Then they bring their children to the clinic. Many are underfed and already in an advanced stage of an illness. All too often they die there in the hospital.

The urban poor have to work hard to survive too. Large numbers of people in Accra and Kumasi swarm the markets and the streets desperately trying to sell anything they can lay their hands on so they can eat their next meal. Countless women sell peanuts, bananas, bread and water, while innumerable men are also competing for your money when they offer cell phones, plastic passport covers, toilet brushes, sandals, air fresheners, and auto parts.

The Millenium Village Project is confronting many of these problems in the village of Bonsaaso, a two-hour drive on pot-holed dirt roads south-west of Kumasi. With the goal of ending poverty by 2015 the project is targeting Bonsaaso on many fronts, hoping to show what can be achieved by a multi-dimensional approach. Thus, within the category of 'Health,' eradicating preventable blindness is one of the most simple and direct means of having far-reaching effects on lives. Successful cataract surgery can make people active and productive members of their communities again, while releasing care-givers for other responsibilities. The Millenium Project approached Dr Geoff Tabin, co-founder of the Himalayan Cataract Project, to search out and treat blind villagers in and around Bonsaaso.

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Dr. Tabin evaluates patients, post-surgery.

Screening at the cataract camp.

All 6000 inhabitants were screened by an advance team from the cataract camp. Those with cataracts and other treatable conditions were brought by bus to the village of Agoroyesum where St Martin's Catholic Hospital has been run by an order of sisters for many years. Unlike Bonsaaso, Agoroyesum has electricity, and the hospital contains an operating room. The villagers were provided with food and a place to sleep.

Prepped and waiting for surgery

On the first day of the camp they were screened, administered eye drops, gowned for surgery and injected with a local anesthesia. Throughout this completely unfamiliar and, in many cases, frightening experience, they sat silent, uncomplaining and, mostly, unseeing.

In the operating room three surgeons each sat at the head of an operating table staring intently into a microscope. Beneath each microscope a patient's head lay draped with a sterile sheet, their eye held wide open with retractors. Theatre sisters irrigated the eyes and handed instruments to the surgeons. An incision in the cornea, the extraction of the cataract, the implantation of a synthetic lens, followed by careful tucking and tidying, completed the procedure in approximately seven minutes. As the patient was helped off the table by an orderly another was being assisted onto the table. In three days 157 cataracts were removed.

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The cataract removal procedure in process.

Dr. Tabin's mission is not only to heal preventable blindness, but also to involve and train local doctors and nurses in this technique. Thus Dr Seth Lartey from Kumasi was a member of the team in Agoroyesum. When the group traveled north to Tamale to set up another camp Doctors Amos Aikins and Seth Wanye were in the operating room, along with Dr Tabin and Dr Huck Holtz, both from the Moran Eye Center at the University of Utah. The hospital in Tamale, the capital of the northern region, was the site where 300 more procedures were performed over a period of almost five days. More happy patients and their families, and more very satisfied nurses and physicians!

Michael and I were so very privileged to be a part of this humanitarian endeavor. But it was not the only extraordinary mission that we witnessed. In Cape Coast Professor Joe Kwarteng and his wife, Ida, have their own NGO and want to teach schoolchildren practical agricultural skills, in order to improve nutrition and encourage better use of the land. At the nearby school for the deaf they are enabling the students to learn to grow vegetables and to raise small animals and chickens so that they can be self-sufficient when they graduate. For some their only means of survival has been to beg on the street. We also saw evidence of donations from the United States providing water storage tanks. In a country where many communities have no clean and steady water supply, wells and tanks make an enormous difference to health and farming. A well can transform the lives of the women and girls in a village for they are the ones who spend hours each day walking to a water source and hauling heavy buckets home.

We also spoke with Dr Addae, a general surgeon who trained in Germany. He described how he debated long and hard with his colleagues as to whether he should return to Ghana. The astonishing and painful fact is that five years after graduation from medical school 95 percent of Ghanaian physicians leave the country. Dr Addae said he felt a moral compulsion to return and help in Ghana. He began by struggling to set up health clinics in villages using his own funds. When he saw that no one could afford to pay him for his services he realized he could not sustain the clinics by himself. He then turned to lobbying for a national health care bill, with the result that, today, those who are able to pay $10 a year insurance. He has also established an NGO, Rural Care Network. Perhaps individual, small efforts such as those we witnessed or heard about will prove more successful than the many previous grand aid plans from London and Washington.

With images in our heads of malnourished children, tin shacks in cities with no electricity or sewers, classrooms with nothing but chipped paint and graffiti on the walls, and women carrying firewood for miles beside dusty, rutted roads we have found our return to the United States to have been both a shock and an opportunity to be grateful for the enormously privileged lives we lead. ✣

Many of the villagers will see their loved ones for the first time in years – some for the first time at all.