Making a Dent

When I was young, I had big plans of growing up and saving the world. But the older I got, the more realistic I became. Injustice, poverty, hunger, and oppression were everywhere. I was but one person. What could I do to alleviate the misery on our planet? Eventually, I realized the best most of us can do is to make a little dent of a difference in some small piece of the world. I found one of those small pieces while looking for stories for an annual report for a university where I was a staff writer.

I was getting a telephone update from the department of ophthalmology. The secretary delivered the usual data: the number of new faculty, research studies underway, and new technology acquired.

"Oh," she added, "and there was a mission trip."

"A mission trip?" I paused. "Tell me about that."

Telling the stories of those who volunteer their time to help others has long been my favorite kind of writing assignment. I wondered how this good news had missed my radar. It turned out I'd missed not one mission, but a couple decades of them. For more than twenty years, the department chairman we often referred to as "Dr. C" had been traveling to remote parts of Mexico several times a year, quietly restoring sight to the blind.

These trips unfolded a bit like a surgical marathon, involving several long days of continuous operations to treat as many patients as possible. When word got out that the eye doctors were coming, hundreds of blind people and their families, often journeying many miles on bare feet, gathered to wait in hopes of treatment. Back when Dr. C first started making the trips, he and his colleague, known simply as "Dr. Tom," hauled equipment on donkeys into remote and sometimes mountainous regions of Southern Mexico. Often, they had no place better to perform eye surgery than the top of a kitchen table.

Most of the surgeries involved removing cataracts, which are the cause of blindness in about half of the 40 to 45 million blind people worldwide. Cataract removal is a relatively simple surgical procedure, but for those in the developing world who lack funds and access to healthcare, it's hard to come by.

It turned out these two surgeons, with the help of various volunteer assistants, had treated more than 12,000 blind people over the years. That struck me as a sizable dent of a difference in a needy part of the world—certainly one worthy of a closer look.

I called the editor of the university magazine and pitched the idea of me volunteering to tag along on the next mission trip and writing a story about it. I got the gig. The next thing I knew, I was taking notes on how to prepare for a mission.

The first thing I learned is that things will, most assuredly, go wrong. The first such event was the tropical storm that hit the day we were hoping to leave, shutting down our mode of transportation—a small, donated airplane complete with a crew. Rather than cancel the mission, Dr. C, a soft-spoken giant of a man, booked us on a commercial flight . . . which evolved into problem number two.

The instruments used in ophthalmologic surgery are too fragile to risk being thrown about in checked baggage and too sharp and dangerous to make it through security as a carry-on. We cast about for ideas, trying to figure out how to get the instruments to the village in time. But then, upon hearing of our mission, the airline staff came to the rescue. They labeled the suitcase containing the instruments with neon stickers marked "Fragile" and assured us the

bag would receive extra-special handling. It warmed my heart to see this big commercial airline making its own small dent of a difference to help us out.

But before we even made it through security, problem number three made its appearance, manifested as a look of horror on Dr. C's face.

"I forgot the corneas," he said.

Blindness due to damaged corneas is also a problem in areas lacking healthcare. Donor corneas, provided by an eye bank, are necessary for the transplants. We tried to have faith.

Dr. C called the secretary, who called someone else, who notified a third person, who dropped everything, hopped into a car, retrieved the corneas from a refrigerator, and drove them to another city, where Dr. Tom agreed to intercept them before flying to join us in Mexico. The problem was solved even before we got to the gate. My heart leapt. People were making their little dents of a difference all over the place, and we hadn't even gotten off the ground.

We arrived in Mexico a little after midnight. A young couple in an old van greeted us, grabbed our bags, and chatted happily over the next two hours as we bumped our way over the dark, potholed road and into the city of Huejutla.

After a few hours of sleep in a hot hotel, we threw on scrubs and wandered to a nearby church,

where a large crowd had gathered. But they weren't waiting for religious services to begin; they were waiting for us. The crowd grew silent and all eyes were upon us. "*Buenos dias*!" we said many times, as we eased our way through the mass of patients waiting to be seen.

I brought along a camera, a notebook, and a tape recorder, but before I knew it, my writing tools were stashed under a table and I was setting up an operating room in a church hall. Though I had worked for about eight years as a registered nurse many years before, nothing in my training or clinical experience had prepared me for this.

The first order of the day was tracking down a soldering iron to fix one of the surgical microscopes. It had been damaged on a recent "field trip" to the mountains to treat the blind who lived too far afield to travel to a mission site. Before long, the microscope was repaired and we were ready for patients.

Most of the patients already screened had severe cataracts. In the United States, cataracts are normally removed when the eye's lens becomes cloudy; it is then replaced with an intraocular lens. In these patients without access to healthcare, the lenses had become the color of iced tea, rendering them blind. With so many people needing surgery, we were able to treat only one eye per patient.

As patients came and went, gently guided by a few volunteers, I noted an extraordinary aura of patience and calm, despite the profound and abundant need for treatment. The area designated for pre-op preparation was stifling in the heat, but it was so quiet it was almost prayerful.

A similar atmosphere prevailed in the holding area for those waiting to have surgery. Without the typical calming pre-op drugs, the patients lying side by side on simple cots quietly told stories to pass the time. One man reflected on a childhood memory of the Mexican Revolution. Another recalled the events that took place the year he lost his vision.

After I'd observed a few cases, Dr. C said it was time for me to assist. Once I got the hang of things, we developed a streamlined system: while I cleaned and set up a new tray of instruments, Dr. C would treat a patient with another assistant. While she cleaned and set up a new tray, he would treat the next patient with me assisting. Soon, we were operating at an admirable pace.

Evening came, and the delicious smells of people cooking black beans and tortillas outside diluted the scent of the alcohol we used to sterilize instruments. Someone began to play a guitar, and soon there was singing. Though we were exhausted, the energizing music kept us going a few more hours.

The next two days were much like the first, except that Dr. Tom, who had flown in with the corneas, joined us with his team of assistants. With a steady stream of patients coming and going, it seemed like we were actually getting somewhere.

My belief was reinforced when I tagged along with Dr. C to check patients who'd had surgery the day before. He pulled the patch from the eye of one young man who had been blind in both eyes. When his treated eye opened, the man immediately gave way to an enormous smile and said, "*No sabia que las cosas se veian asi.*" ("I didn't know things looked like that.")

In the course of three days, we treated 163 people, most of whom were blind and went away seeing. It was a pretty good dent, and I felt privileged to have helped make it.

As we walked out the door to head to the airport, a crowd of people reached out to shake our hands. I will never forget the look of gratitude and hope on their faces. It was difficult to leave, but I knew the team would return.

I have since gone on two more "vision" missions to Mexico. Though we can't fix all of the problems in the world or even in Mexico, at least we're making a dent of a difference in this small piece of the world.

—*Susan Sarver*