

Bringing sight to Kenya's blind

Flying over the deserts of north-eastern Kenya, towards the Somali border, there is nothing as far as the eye can see, no sign of settlement. Below us the people are mostly camel herders. I am accompanying what's called an "eye safari". There are three surgeons,



five nurses and a ton of equipment on board. They will spend the week with these nomads bringing sight to the blind. Our destination is the town of Wajir. The pilot is a missionary for "Mission Aviation Fellowship", and without these planes the people of Wajir would see few doctors. The District Hospital is a single story series of buildings around a central courtyard, and when the team arrive the courtyard is full of people - women wrapped in brightly coloured cloths and men with turbans and beards dyed with henna. The hospital administrator, Dr Mbithi, tells me the hospital serves a huge area with 500,000 people and he is the only medical doctor here. Around 10% have eye problems. For him the flying doctors are a lifeline.

The three doctors are shown into a small room full of boxes where they will screen around 250 patients who have arrived to see who requires eye surgery. But things do not go to plan. Immediately the doctors



arrive, the crowd presses against the office door. They are so persistent that it is impossible for the nurses to get in. Patients cannot get out to let others in. Dr Mbithi, the administrator, tells me later that someone is stabbed in the chaos. It is only when police are called that the crowd settles down enough for work to start. Most of the patients are elderly women. They speak only Somali and are blind. It is very hard for the surgeons, to communicate with them. The majority of the cases are cataracts. In this area cataracts often start when people are in their 40s, whereas elsewhere, people normally get them in their 60s or 70s. Some of the cases are very acute - patients who are completely blind and may have been so for years. Dr. Dan Grabin says that these are the most satisfying for him. He knows he will be able to help them. A quick

operation and they will see again. It is crowded. The three doctors and two nurses all seeing patients at the same time. "Kalinka, kalinka". The word is used so often I now know it means: "operate". And, to ensure there are no mistakes during the day, each patient has a sticker with 'L' or 'R' written on it, stuck on their brow. They assess the last of the patients at around 8pm. The list for the next day's surgery is reviewed - 140 operations. I cannot believe they will accomplish this with just three surgeons.

The next morning the team arrives at 6:30am. The courtyard is covered with mosquito nets under the trees. Many of the patients have spent the night here. The operating theatre looks like an ordinary room. There are three operating tables squeezed inside, each with a microscope attached to it. By each bed is a table for the instruments and a saline drip bag hanging from a stand. There is no running water. The surgeons scrub up. On the floor more instruments are boiling in a huge pan. The first patient of the day is led into the anteroom where a nurse cleans and anaesthetises the eye with an injection. Then they are led to one of the beds where the operation starts. Speed is of the essence, but communication problems mean that nothing happens quickly. But once a patient is on the operating table and the beam of light from the microscope is over the eye, everything goes well.

The cataract operation involves cutting into the eye to access the lens capsule. The occluded lens matter that is causing the problem is taken out and in its place is put a tiny glass lens. Then the wound is closed and the patient goes. It takes a little more than five minutes. The team work all day. They do not finish until 8:30pm. The moment of truth comes the next morning when the patches are taken off. The 140 patients are lined up in the courtyard and the doctors and nurses take off the patches, holding up fingers to see if there is vision, administering drops, and then they go to the next person. It is like a human conveyor belt. The smiles on the faces tell the story. The surgeons are pleased with their work. All the patients can see. But there is no time to waste. The medical team leaves immediately for the plane to be flown off to the next town, Mandera, and the next crowd of blind people.