

# **I was impressed with organized and efficient eye camps**

**- Nicole Green**



Although I have only stayed at the Kalinga Eye hospital for a short time, the experience has been amazing. I visited three eye camps and worked in the hospital several days, observing cataract surgeries in the Operation Theatre, watching regular eye examinations, and even helping with daily tasks at the hospital like making eye swabs and cotton balls. I found my travels to various eye camps to be most rewarding as I was able to see the culture, landscape, and people of rural India and understand the problems presented by the conditions of the countryside for effective medical care and public health efforts.

It was amazing to see how dedicated and hardworking the staff at Kalinga are when running the camps with only very limited resources. With only one classroom in which to work and approximately 3 or 4 people, they were able to see roughly 90 patients in only 3 to 4 hours. The staff was also very concerned with making sure that we understood everything that was going on and that we felt involved. We were allowed to administer anesthetic eye drops to patients as well as injections to test patients for potential allergies to certain medications. However, while I understand that resources are limited, I feel that I should mention something that concerned me very much which was the usage of the same needle on as many as 5 patients without even sterilization. Micah showed me an earlier report by a visiting doctor who had mentioned the same problem and it does not seem as if practices have been changed. Some volunteers (like myself) may not feel comfortable with helping to administer injections under these circumstances but may not want to offend the Kalinga staff who may be under pressure to reuse needles. Despite this one observation, I was truly impressed with how organized and efficient the eye camps were. For very little cost, hundreds of people who cannot lead normal lives and perform the daily tasks necessary for their livelihood (which people from more developed countries often take for granted) can have their sight restored. The success of these camps is surely evidence enough to counter arguments that establishing public health care programs in resource-poor areas is impossible or futile.

The Kalinga staff was the best part of my stay in Dhenkanal. All of the doctors went out of their way to explain exactly what they were doing after and even during their operations and examinations. They were extremely willing to answer all of my questions and, in particular, call me over to show and explain to me the problems various patients were experiencing. Everyone's main concern was that I not feel bored or lonely and the entire staff, particularly the girls with whom I lived, made sure to visit us just to talk or ask questions. Many also invited us to their homes where we were exposed first-hand to Indian culture by being given traditional meals, mehindi body art, and by discussing their lives as well as cultural beliefs and practices.

While I had a great time volunteering at the clinic and participating in other activities, I do feel however that future volunteers should keep several things in mind before deciding to volunteer at Kalinga. First, the program description on the website is not correct and should be modified so as to not mislead others. The hospital is operating 7 days a week and so volunteers do not have time off to explore the area or India. Secondly, the program is not in the "small city" of Bhubaneswar India but a rural area with a large market. There is not much to do or see in terms of tourist sites in this area and transportation is difficult to arrange unless one rents a car which is rather expensive. Volunteers also do not live in air-conditioned rooms with private bathrooms. The AC does not always work and there is one communal sink and bathroom for approximately

10 people. Communication is also a surprisingly big problem. Only 1 or 2 members of the staff speak English well enough to understand English-speaking volunteers and so miscommunication is frequent and can often pose problems if volunteers are in need of something.

Ultimately, the experience was great but I think that volunteers should be made more aware of the area in which they will be working. Volunteers come to India to work but also to see the country, otherwise many would probably work at hospitals in their hometowns. Programs in bigger cities or more developed towns which allow volunteers to visit rural eye camps as well as have access to transportation to various cultural sites seem as if they would be the most thoroughly rewarding.

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### **Remarks**

1. I feel that I should mention something that concerned me very much which was the *usage of the same needle* on as many as 5 patients without even sterilization. Micah showed me an earlier report by a visiting doctor who had mentioned the same problem and it does not seem as if practices have been changed. Some volunteers (like myself) may not feel comfortable with helping to administer injections under these circumstances but may not want to offend the Kalinga staff who may be under pressure to reuse needles.
2. *The programme description on the website is not correct* and should be modified so as to not mislead others. The hospital is operating 7 days a week and so *volunteer do not have time off to explore* the area or India. There is not much to do or see in terms of tourist sites in this area and transportation is difficult to arrange unless one rents a car which is rather expensive. *Volunteers also do not live in air-conditioned rooms with private bathrooms. The AC does not always work and there is one communal sink and bathroom for approximately 10 people. Communication is also surprisingly big problem.* Only 1 or 2 members of the staff speak English well enough to understand English-speaking volunteers and so miscommunication is frequent and can often pose problems if volunteers are in need of something. Volunteers should be made more aware of the area in which they will be working.

### **Complied**

- 1 Point discussed (**usage of same needles**) ref: reply 1 to Dr. R. K. Sharda.
2. a) **Program description is not correct.** We are providing the program to the head office in first week on 3<sup>rd</sup> of every month. The Head Office is there to verify the report before flashing it on the website.  
b) **Volunteer don't have time** : We are preparing the Rosters (the working Schedule) after discussing with the volunteer, so there is no chance of enforcing them to work. Even there is a provision for giving one day off in a week to the volunteers.
- c) There is also some problem marked by the volunteers in their accommodation facility, the problems like,
  - I. **The AC doesn't work always.** Low voltage and electric failure is a common condition at Dhenkanal, so in present situation nobody can help it.
  - II. **High Taxi Rent:** taxi / car rent is expensive as mentioned by Nicole Green, but it is the local price of the taxi. We can't change the taxi rent at our level.
  - III. **Communal sink.**
  - IV. **Bathroom approximately for 10 people.**  
And etc.  
The above two problems (III&IV): This is the only accommodation available at Hospital Campus, so Head Office is to arrange comfortable accommodation in some other places.
- d) **Less no of English Speakers:** Fact is true, now we have staffs like Administrative Officer etc, they can take care of it.