

## VOSH Scholarship – Nicaragua 2009

Barely past sunrise, my classmates and I quickly finished our rice and beans, eagerly anticipating the start of what would become one of the most rewarding, exhausting and challenging experiences we collectively had since becoming optometry students. We arrived early at the local school. We had our tools and our name tags in place. After all the weeks of planning, the hours we spent meeting together as a group and the long journey down to San Juan del Sur, in Southern Nicaragua, we finally met that very moment when it all became reality. In front of us, were over 800 people, already in line and eagerly waiting a moment to see us. All we could do was breath...and anticipate the rest of the day. And, that was only the start.

Before starting optometry school, I knew I wanted to take advantage of partaking in a mission trip through VOSH. My previous volunteer experience to Southern India two summers before introduced me to the great need of eye care in developing nations. After receiving my Masters in Public Health from Boston University, with an emphasis on International Health, this opportunity made me realize that both public health and optometry can have such a great impact on the very livelihood of people. A mother who can no longer sew due to her developing presbyopia or a man who can no longer craft local goods because of his cataracts are both victims of not only their failing visual systems, but the lack of eye care that both are unlikely to receive in these poor rural villages. Each is burdened by their decreased visual ability and thus is unable to support their family. I encountered this situation time and time again while working in India, and found it to be shockingly similar to the families I worked with in Nicaragua this past year. The truth is that beyond India and Nicaragua, people like this suffer globally.

Nicaragua was different in many ways. Overall, the country has a smaller population, thus the sheer number of people requiring any sort of medical attention was not as intense. However, of those we saw, their need to see an optometrist was in no way any less pressing. The country is still recovering from political and civil unrest, which has left many scars amongst their society, communities and families. The people there are extremely hard working and barely manage to live day to day. I could see this in their faces. I could see this in the tanned and weathered skin in the countless number of farmers I treated. I could see the tiresome years of working hard, while still trying to raise a family in the many “domesticas”, as they waited in line, usually with two to three kids following behind them. It was almost too overwhelming to think about how difficult their lives must be. However, it inspired me to work hard during those four days and to try and improve this aspect of their lives a little more.

That first day was like running a marathon. Up until then, I had only really seen a few dozen patients. And by patients, I mean, my healthy classmates at Berkeley who do not exactly have the same health history and social profile as some of the Nicaraguans we encountered. But, I quickly had to hit the ground running and began seeing my first set of patients.

It was rough at first. I fumbled with my equipment. I was not always sure what I was seeing once I got a view of the optic nerve with my direct ophthalmoscope. Thinking back, I must have asked for assistance from the two doctors stationed in my room almost every 10 minutes that first day. And it continued that way for awhile. It was exciting when I could help restore vision simply by prescribing reading glasses, but also frustrating when I had cases of young children

who had serious visual complications that I was in no way qualified or prepared to treat. But, with the aid of both doctors, I gradually developed my own rhythm and pace and with each new case and developed a repertoire of knowledge that I was able to continually use for the rest of the week.

In that week, I was able to diagnose large cupping of the optic nerve. Even though it is a common genetic trait amongst Nicaraguans, I was able to distinguish when it appeared abnormal versus normal, even within this community. I also saw a fair number of people afflicted with pterygiums. Agriculture is an important source of income, which exposes many workers to dry, sunny and dusty conditions, all of which exacerbate pterygium development. In those four days, we encountered quite a number of patients with severe dry eye, binocular vision problems and corneal infections. One particular situation involved a man in his late 50s who experienced a severe decrease in vision. Taking his VAs, I was lucky if I could get him at 20/400. His cornea looked fine and it did appear that he was developing early cataracts. However, such a dramatic change in his visual acuities just did not seem to add up. With some input from one of the doctors, we dilated him and used a BIO (my first time using one outside of our practice clinic) to check his retina. What we discovered was a large, black scar due to trauma that was completely covering his macula. Knowing that this man was still a working farmer, it was difficult to explain to him that given his situation and our limited supplies, there was not much we could do to improve his vision. It was a rough afternoon, but it taught me how to approach a patient presenting such symptoms and how to explain to them their condition.

With the hard moments came many rewarding and extremely fun ones as well. Treating little kids, handing out candy and sunglasses or just trying to converse with them made each day unique and different. At the time, I was working off of only a semester's worth of Spanish. Luckily, my translator helped me learn a few key phrases that I repeated at least a dozen times per hour. My favorite being, "*Que es las letras mas pequeña puedes ver?*" or "*What is the smallest letters you can read?*" I also had to explain to each patient when their "lentes" or glasses were "*solamente para el sol o para leer*". I could tell my accent was strong and my grammar was bad by their giggles and smiles, but it was fun to laugh about it and break the ice in many situations where the extent of our conversation usually stopped after "*Hola. Como estas?*"

After finishing VOSH Nicaragua, it was incredible to look back and think about what we had all just accomplished. Having had at least 130 patients total in those four days, we went from nervous and unconfident individuals, to a group that had grown by leaps and bounds and thoroughly conditioned to undergo another mission without hesitation. We left Nicaragua eager to share our experience and tell those that could not make the trip about all that we saw. Upon doing that, I fully realized just how much we did and how lucky we each were to have had that opportunity to use our skills, test our abilities and put into practice our desire to help people.

After struggling with my limited Spanish and knowing how important it is to know in California, I went back to Central America this summer, this time to Guatemala, where I spent six weeks studying at a Spanish school. *Mi español es aun no bueno, pero, yo comprendo mas ahorrita, y yo quiero aprender mas. Entonces, yo puedo ayudar mas pasientes en el futuro. (My Spanish is still not good, but I understand more now and I want to study more. So then, I can help more patients in the future.)*

So what comes next? I certainly hope another VOSH trip or another mission that allows me to exercise my optometric knowledge, as well as my developing Spanish abilities. The people of San Juan del Sur represent the universal need of vision care still desired across the world. I hope that during my time as a student and as a practicing optometrist, I am able to provide a positive impact on more communities. My experience in Nicaragua has given me the confidence to pursue future endeavors where I will be continually challenged, sample new cultures and carry on the struggle in delivering adequate eye care to those less privileged and very deserving.

