# Perquin, El Salvador, 2010 EyeCare Mission: Two Weeks—3,052 Patients

**ABSTRACT:** *There are many worldwide medical missionary organizations. The authors and mission participants hope to introduce this particular mission in El Salvador and demonstrate the impact it had on a needy community of basic medical care, including comprehensive ophthalmological and prosthetic care. The authors also describe how a relatively few individuals, over a two-week period, can create an atmosphere of caring while evoking positive reactions from a community that continues to exist in extreme poverty.*

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## INTRODUCTION

EyeCare International provides eye care to the underserved population of El Salvador, Central America.[1,2,3] It was founded by ophthalmologist William Brinker, M.D., in 1995, bringing ophthalmology, optometry, optical services, and ocular prosthetics to areas of El Salvador outside the major metropolitan centers. Typically, 5,000 to 7,000 patients in El Salvador travel to the annual two-week clinic to have their vision and "eyes" checked. They may receive eyeglasses or undergo surgery for cataracts or pterygium removal. Approximately 20 prosthetic eyes are delivered each year. Each patient is asked to donate $1.50 (if they can afford it) because we found that even this modest donation places value, rather than charity, on the service provided. The Salvadoran people are proud people; charity from any person can be difficult to accept. The donation we provide helps elevate that issue. Providing a service, which is not designated as "free," creates a perceived value in the minds of the patients and families. There are, however, no fees required for eyeglasses, surgery, medications, or prostheses. Monies collected at registration go into a community fund to be spent for the community as a whole.

Each year 40 to 50 volunteers from the United States and Canada pay for their own room, board, and airfare to spend two weeks caring for Salvadorans, who might have no other opportunity to receive vision care. Volunteers include eye care professionals as well as others of varied backgrounds and ages who want to help the underserved (Figure 1).

One pair of glasses or a properly fitted ocular prosthesis may not change the whole world, but it will change that person's view of the world forever. EyeCare International is an inclusive organization that provides vision/eye services to patients in El Salvador using volunteers who test, treat, and provide eye care services.

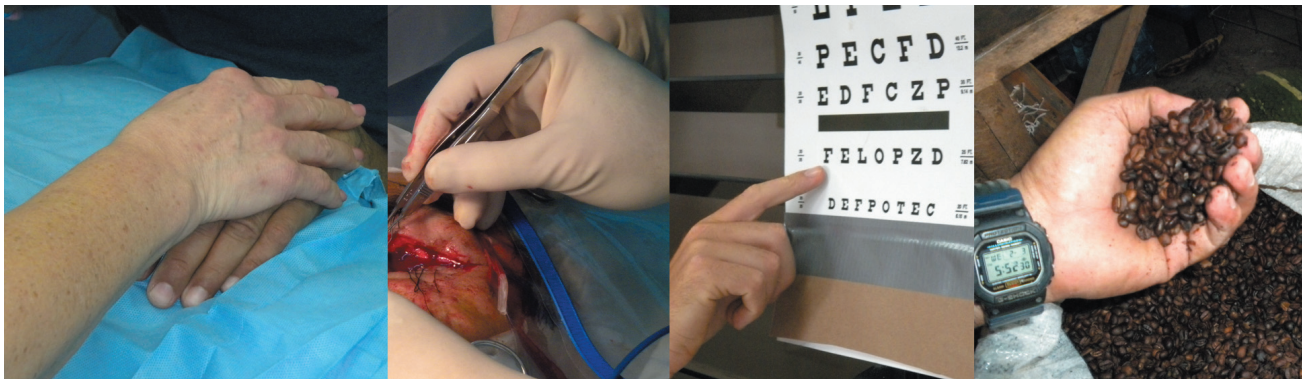


**FIGURE 1** While the mission is regarding comprehensive eye care, helping hands seem to be the common factor in this mission to El Salvador.

Some may question why strangers would help El Salvador when there are needs closer to home. This question is fair, and there are several answers. With very few exceptions, the United States (or Canada) does not have the extreme levels of poverty witnessed in El Salvador. Virtually everyone in the United States has access to running water and electricity, which is not the case in many parts of El Salvador. Most of the country does not have access to clean water. The United States has a large safety net for healthcare for the poor: Medicaid or Medicare. Could it be better? Yes. However, it still provides significantly better care than anything witnessed in El Salvador. Missions give participants an opportunity to experience different cultures firsthand, learn about different countries, and create a feeling of truly helping the underprivileged. Comradery is also created when a larger group undertakes a project on a bigger picture, that is, foreign missions spreading American goodwill.

## RECENT HISTORY OF EL SALVADOR

About the size of Massachusetts with nearly 7 million people, El Salvador is south of Honduras and Guatemala. It is about 1,000 miles north of the equator in Central America. Its weather is tropical with a rainy season from May to October and a dry season from November to April.

The name El Salvador suggests a place of tranquility. In Spanish, the name means "the Savior," and in the predominantly Roman Catholic country, it is a constant reminder of the people's belief that God promises peace and security. However, in the 189 years since what is now El Salvador separated from Spain, along with the other Central American Spanish colonies, the country has been plagued by poverty, violence, natural disasters, and a mostly unjust authoritarian government. If the climate is sometimes brutally hot in areas of lower elevation, especially near the ocean, the nation's socioeconomic and political system has been even more punishing toward the general population that is overwhelmingly poor.[4,5]

A major cause of the economic situation in El Salvador is traced to the grants dating back to the era of Spanish rule, which divided a large portion of the country's land among approximately 14 families. This concentration of land-holding created a small wealthy land-based oligarchy that, for most of the 20th century, supported repressive military governments and left a vast majority of the people, known as "campesinos" or "peasant farmer," poor and landless

With almost no middle class, the soil for the seeds of political and social upheavals was laid. Several times during the 20th century, the poor attempted to free themselves from poverty and oppressive governments. One of these uprisings took place in 1932. It was stopped by the government after the loss of an estimated 30,000 lives and genocide of the indigenous Indian population.

Numerous other attempts at social and political reforms over the following 40 years culminated in a civil war from 1980 to 1992. The government of El Salvador fought a guerrilla army of the poor who were attempting to win the social justice sought in 1932. This time the rebels fought under the name of what would become a major political party: Farabundo Marti National Liberation Front or FMLN, named for Augustin Farabundo Marti, a leader of the 1932 upris-

ing who was killed by a firing squad.

The civil war ended in 1992 with a truce between the government and the rebels. A new constitution was adopted and the poor finally had representation in the nation's legislature in a democratic government. The FMLN became a recognized political party, and the party's candidate, Mauricio Funes, was elected president in 2009. Despite peace and stability of the new government, scars of the war years and the nearly two centuries of social injustice continue to fester. There was also injustice and brutality at the hands of some *outside* the government.

Memories of the approximately 75,000 killed, out of a population of 7 million, are still relatively fresh, and the wounds (both physical and emotional) created by the suffering and deprivation remain alive. During the war, many Catholics, both priest and laity, espoused a movement known as "Liberation Theology" that supported what is called "preferential option for the poor." From 1977 to the end of the war, a dozen or so Catholic priests and numerous lay people were killed by those opposed to social change.

The slain included the beloved Archbishop Oscar Arnulfo Romero (Figure 1), who was assassinated on March 24, 1980, while he celebrated mass in San Salvador. The Sunday before his death he had called for an end to the killing in a radio sermon broadcast nationwide, as he ignored previous threats to stay clear of such pronouncements.

Later that year, on December 2, 1980, four American missionary churchwomen were kidnapped, murdered, and their bodies hidden. Neither these individuals nor the Catholic Church ever supported killing or violence as a method of obtaining justice for the poor. The church continues to honor the memory of the "martyrs" by supporting social justice.

One of those deeply involved in those efforts includes one of this article's coauthors, Rev. Paul E. Schindler, a priest from Cleveland, Ohio, who was a missionary from 1972 to 1982 in La Libertad, a port city on the Pacific Ocean about 30 miles from San Salvador. He witnessed firsthand the violence of the war, including helping to dig up from a makeshift grave the bodies of the four churchwomen who were killed. Two of the slain women, Ursuline nun Sister Dorothy Kazel, and lay worker, Jean Donovan, had worked closely with him in La Libertad in 1980. Father Schindler returned to his Cleveland diocese in 1982 and was pastor in Akron, Ohio, for 26 years. In 2008 he returned to El Salvador and again became a pastor in La Libertad working as a missionary under more peaceful conditions.

Praising the gifts of peace, Father Schindler has observed that the overall living conditions of El Salvador's population have improved since the end of the war. He credited not only a more democratic and representative government, but also a significant redistribution of land that occurred after the peace agreement. Prior to this land redistribution, according to Father Schindler, about 87% of the land had been owned by roughly 1,000 people. These changes have opened up new opportunities for the poor.

Father Schindler also said efforts are being made to develop "light industry" and tourism. The latter includes expanding the sport of surfing in beach areas near La Libertad and other regions of the county's Pacific coast. Additionally, the building of larger piers to attract cruise ships is also being considered as are attempts to attract tourists to hiking trails in the nation's hill country and many volcanoes.

Still, Father Schindler added, "Most of the people still live outside the economy." Specifically, most do not have steady employment and eke out a meager living off the land (often as squatters). They also suffer from the lack of decent housing, educational opportunities, medical care, and adequate sources of nutritional food (Figure 2).

According to demographic reports from the U.S. Department of State, the 2007 per capita income is only $3,547. For many in the rural areas, annual income is significantly less. Another telling statistic comes from a Central Bank estimate that remittances from Salvadorans working in the United States totaled $3.8 billion in 2008, compared to a gross domestic product (GDP) of $22.3 billion for the country. If included as a sector of GDP, remittances would far outweigh any other GDP sector such as textiles, coffee, or sugar. Additionally, the World Health Organization estimates that the 2006 annual spending on health care was $387 per capita.

Although the country of El Salvador continues to face numerous challenges, many within the country are now hopeful that the postwar government and even old enemies from Arena and FLMN are willing to toil together in an attempt to create a peaceful and just society for the poor, the rich, and those in

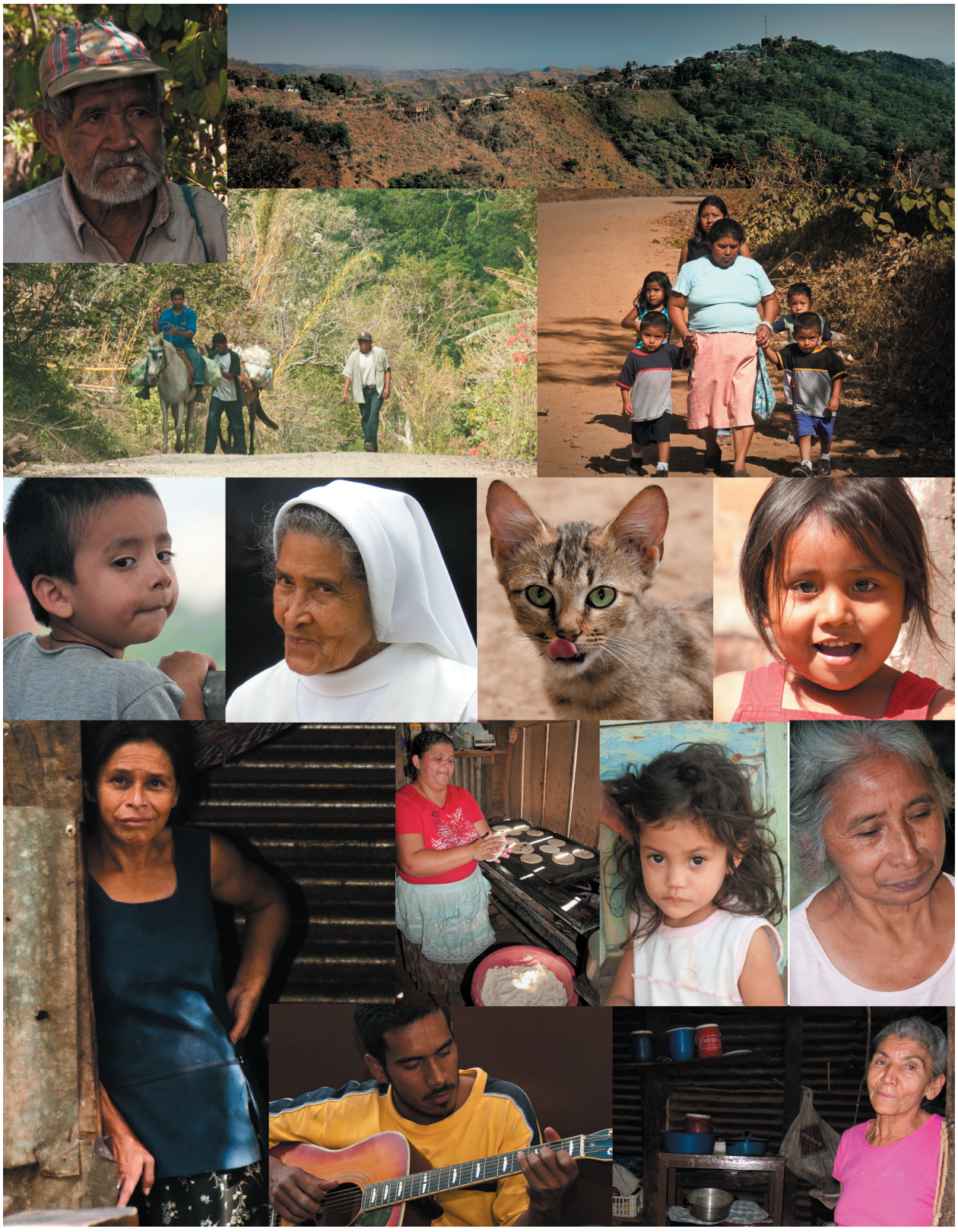

**FIGURE 2** The various faces and scenes reflect the diversity, beauty, and innocence of El Salvador.

between. Perquin, a hill town in northeast El Salvador about 5 miles from the border with Honduras, is one place where attempts are being made to create this peaceful and just society.

Perquin and many nearby villages were devastated during the war. It was the headquarters of the FMLN. The city is less than 10 miles from El Mozote, where a massacre of about 1,000 people by El Salvadoran forces took place in December 1981. In the spirit of the new El Salvador, both villages have been rebuilt, although comprehensive healthcare remains elusive.

## BY THE NUMBERS

The mission began when Dr. William Brinker and his brother, Dr. David Brinker, both ophthalmologists, spent the winter of 1968 caring for civilian war injuries in Viet Nam. Bill led eye mission teams to the Dominican Republic, Ecuador, Kenya, Nigeria, Guatemala, and Nicaragua during and after the war in the 1980s and early 1990s. He spent the early years leading mission teams for Amigos de los Americas and Medical Group Missions.

Typically, a group of 40 volunteers from Canada and the United States arrives in a town for a two-week mission and sets up a clinic to screen people's vision in a community center, a church, or some unused classrooms. They borrow space at a local health clinic or dentist's office to set up one or two operating rooms. A few weeks before the EyeCare volunteers arrive, volunteers inform the local population and distribute tickets for a specific morning or afternoon. The tickets assure the patients they will be seen without having to wait in line overnight. During the mission, local volunteers manage the patient registration process and help direct patients to the next station (Figure 3).

After registration, a patient is screened for distance acuity and then near vision acuity by EyeCare volunteers. After the visual acuity of the patient is determined, he or she is tested for a lens prescription by an EyeCare volunteer using an autorefractor and then seen by either an optometrist or ophthalmologist to diagnose potential pathology. Most patients are fitted with reading eyeglasses or compound prescription lenses and frames. Some patients are screened for surgery to remove cataracts or pterygiums or for reconstructive surgery performed on an eyelid or socket. Some patients are fitted with a prosthetic eye.

Every mission requires an inventory of approximately 10,000 pairs of eyeglasses to provide an adequate variety of prescriptions for the different patients. Most glasses are donated and then cleaned,

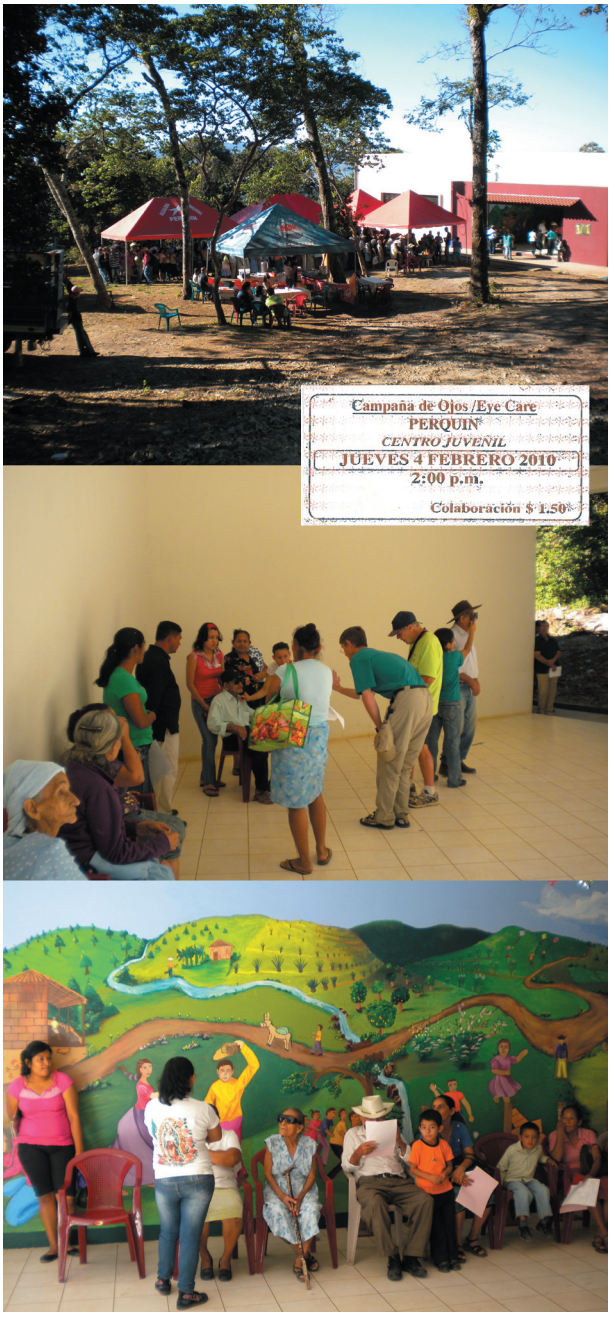


**FIGURE 3** Patients line up from early in the mornings and can swell along with the heat. The inset admission ticket is used to help control the flow of people into the various eye care clinics.

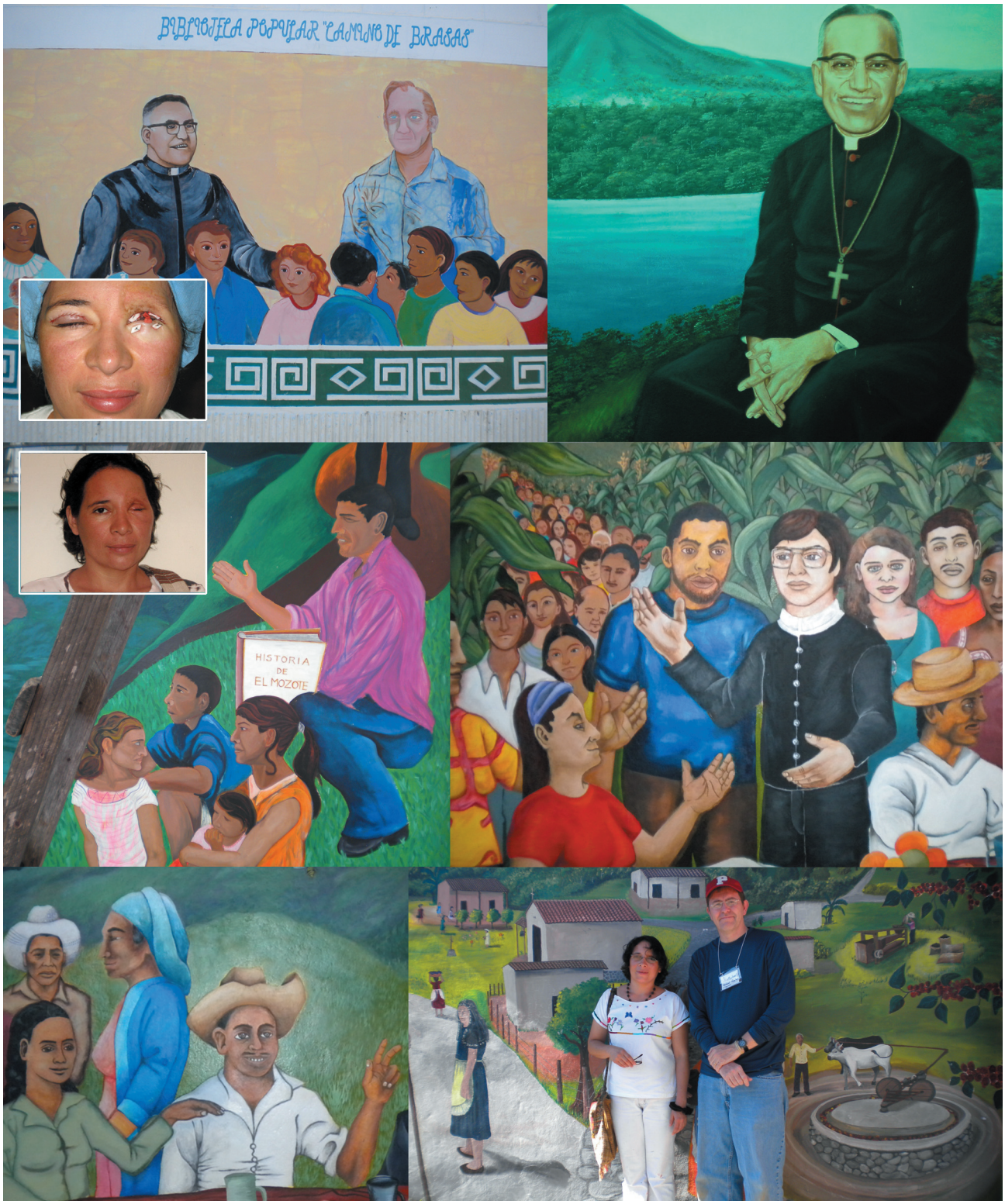


**FIGURE 4** The (inset) photographs of a 34-year-old patient (and mural artist) show her orbital reconstruction using a dermal fat graft. The background murals reflect the values and culture of the Salvadoran people, including the lower right mural (with the artist), in Perguin, El Salvador. Slain priest, Archbishop Oscar Arnulfo Romero, is pictured in top right hand corner.

neutralized, and sorted by a core group of volunteers in Ohio and Pennsylvania. A few thousand pairs of donated glasses are provided by Lions Clubs. A few hundred pairs of inexpensive new reading glasses are also purchased each year.

Perquin, El Salvador, is a small village 4,000 feet above sea level in the Morazon region's northeastern mountains. Many patients traveled for hours, sometimes walking a half hour in the dark, to catch an early morning bus before transferring to an open truck. Patients would stand in lines with great dignity to wait to be seen by the appropriate eye care specialist (Figure 4). While the 2010 patient case numbers declined slightly from previous years, the focus was on quality (and specialized service/attention) rather than increased numbers. In spite of the individualized care, the number of patients seen was significant.

Totals for the 2010 Perquin EyeCare Mission are:
- 3,052 total patients; nine days
- 1,563 reading glasses fitted
- 1,160 eyeglasses fitted by opticians
- 42 major surgical operations
- 9 minor surgical operations
- 23 prosthetic eyes delivered

Totals for the 2009 Perquin EyeCare Mission are:
- 5,549 total patients; nine days
- 4,456 glasses
- 48 surgeries
- 35 prosthetic eye delivered
- 51 volunteers

Totals for the 2008 EyeCare Mission include:
- 5,358 total patients; nine days
- 4,293 glasses provided
- 130 eye surgeries
- 25 prosthetic eyes delivered
- 48 volunteers

The total number of patients seen in more than 15 years is equally impressive. Most individuals were farmers, domestics, day laborers, students, and old-age pensioners. They traveled to this mission because it may have been their only opportunity to be seen by a vision/eye specialist.

## PROSTHETIC SERVICES IN EL SALVADOR

Obtaining ocular prosthetic services in South and Central America is different from prosthetic work available in North America and Europe. This situation has more to do with poverty than anything else, as this mirrors healthcare in El Salvador (Figure 5).

Personal healthcare service of any kind is elusive outside the capital city, San Salvador. At least 40% of El Salvador's population lives in remote rural areas. Even in the capital, the majority of prostheses worn is stock, premade prosthetic eyes. These are usually dispensed by the surgeon shortly after the primary (enucleation) surgery. Significant follow-up to prostheses is rare.

While there is limited custom work available in El Salvador, the majority of patients cannot afford custom, impression-fit prosthetic eyes. Many simply wear no prosthesis; scleral cover shells are even rarer for the pthisical, micropthalmic, exopthalmos, buphthalmos, and/or full globes. Purchasing a prosthetic eye generally requires the entire family to pull resources together. Various missions and international travel have greatly influenced the amount and quality of ocular prosthetics available.

Aside from the common causes of eye loss, there are many other losses from the civil war and violence that engulfed the country. Complex socket situations reflect these traumas as significant eye injuries and other disabilities are not unusual among the people (Figure 6).

## OPHTHALMOLOGICAL CARE

Ophalmologic care in El Salvador is both challenging and rewarding. In many ways, El Salvador is similar to most developing nations where healthcare is available at only a basic level in the rural, poorer areas. Eyeglasses are only available in a few cities at costs similar to those in the United States, making them not even a remote possibility for the patients we see. Patients are screened for refractive problems and shunted to optometry for readers and full refractions. Eyeglasses are then provided that best match both the prescription needed and the patient's taste from a remarkably well-organized supply of donated glasses. Anyone with a potentially serious medical or surgical problem is seen by ophthalmology for a more complete exam.

A wide range of medical conditions are seen, including advanced glaucoma, cataracts, and various causes of long-standing vision loss. Corneal scarring,


**FIGURE 5** Prosthetic eye patients vary and include a 92-year-old patient (top left), blind family (far right), an ill-fitting (OD) prosthesis (inset photo and bottom left), and a patient in need of scleral cover shell prosthesis (bottom left center). An ophthalmologist is shown inserting custom symblephron ring (far right, bottom right) following recent pterygium surgery (A, B, C).

congenital anomalies, and trauma are among the most common causes. Performing cataract surgery is one of the true contributions made that offers a permanent change for the better for the remainder of that person's life. Strabismus surgery is offered when a safe general anesthesia is available and a pediatric subspecialist is on the team. Other surgical procedures can also make a big difference, but have more potential for recurrence.

Pterygia are the winglike membranes that form on the surface of the globe and begin from the inner and outer canthal area (Figures 5A, 5B, 5C). These membranes cause vision loss by approaching and even crossing the visual axis. They are particularly aggres-

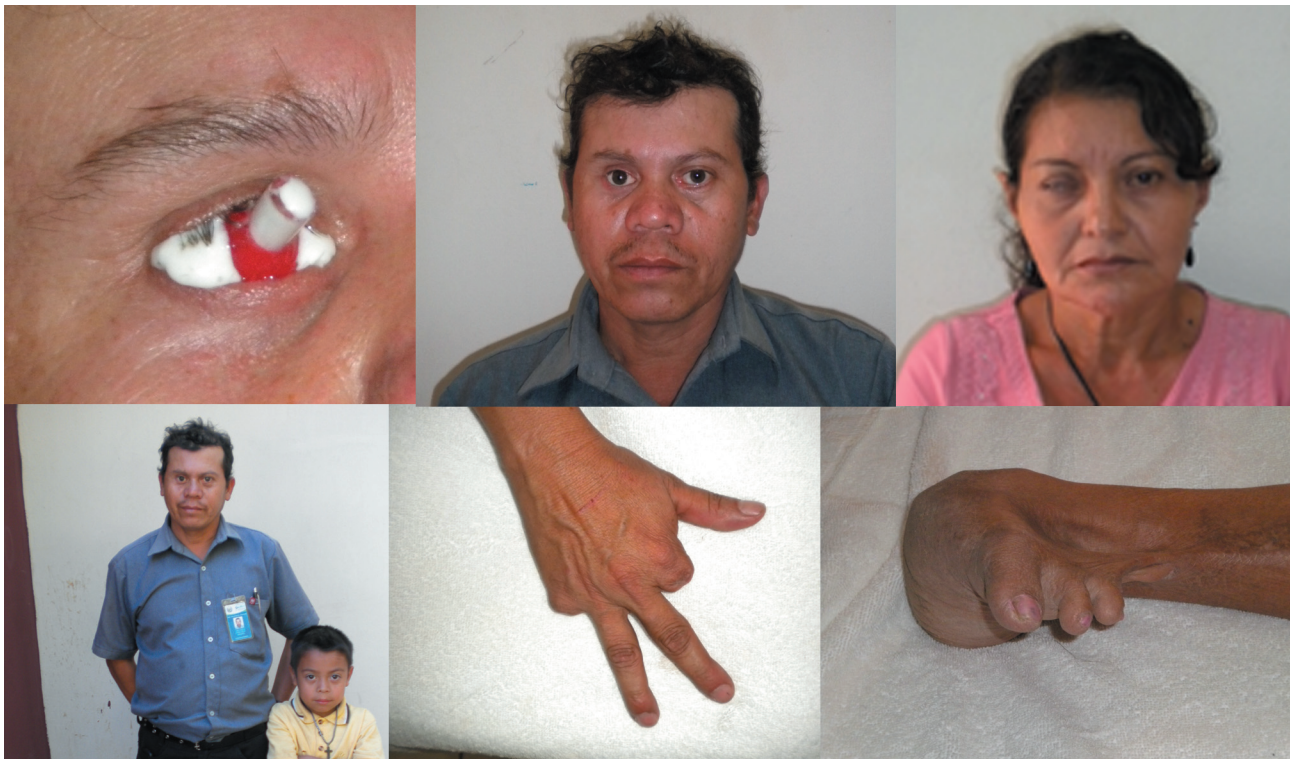

**FIGURE 6** Many patients have multiple conditions/disabilities in addition to (wearing) prostheses, including a 44-year-old male wearing an OD eye prosthesis and having missing fingers (shown having an impression and wearing OD custom ocular prosthesis; far left) as a result of a gunshot wound during the civil war in El Salvador. A 50-year-old woman with a microphthalmic right eye (OD) and club/malformed left foot is shown far right.

sive in the agricultural working population as the main causative factors are ultraviolet light and a dry outside environment. These membranes are removed and a conjunctival autograft is placed over the bare sclera to minimize the chance of recurrence.

Trauma, in the setting of both war and poverty, takes a huge toll on the population cared for in El Salvador (Figure 7). Blindness and anophthalmos have a significantly higher incidence as a direct result of the trauma or a secondary one caused by lack of access to appropriate medical care at the time of injury. Other facial scarring contributes to the challenge of wearing a prosthesis. Cicatricial ectropion, ptosis, loss of normal lid tissue, muscle function and/or bone structure may all be present in any individual who presents having never worn a prosthesis or with a very poorly fitting prosthesis. Surgical repair involves use of autografts as much as possible. Dermis fat grafts are exceptionally helpful in creating volume in the socket as a whole or in building up a superior or inferior fornix. Grafts have the advantage of requiring the least amount of healthy conjunctiva to be successful. Full thickness skin grafts to either the upper or lower eyelid are frequently needed and heal surprisingly well.

Many patients present with such complex structural issues that a single surgery can only be the first stage of reconstruction. C. is a 92-year-old woman with a history of eye removal and radiation therapy for an intraocular tumor many years previously. She first presented to EyeCare in 2007 with a very poorly fitting prosthesis. The inferior fornix was reconstructed and a full thickness skin graft was placed on the upper lid to accommodate a better fitting prosthesis. In 2009, the volume of the upper fornix was augmented with a dermis fat graft (Figure 4). Both times she was fit immediately with the best adapted prosthesis available. In 2010 she was fit with the best available modified prosthesis, and the ocularist accompanying the project took the necessary photos and impressions to make her a custom prosthesis at home in Virginia, which would be sent to her through one of the Catholic nuns involved intimately in the project.

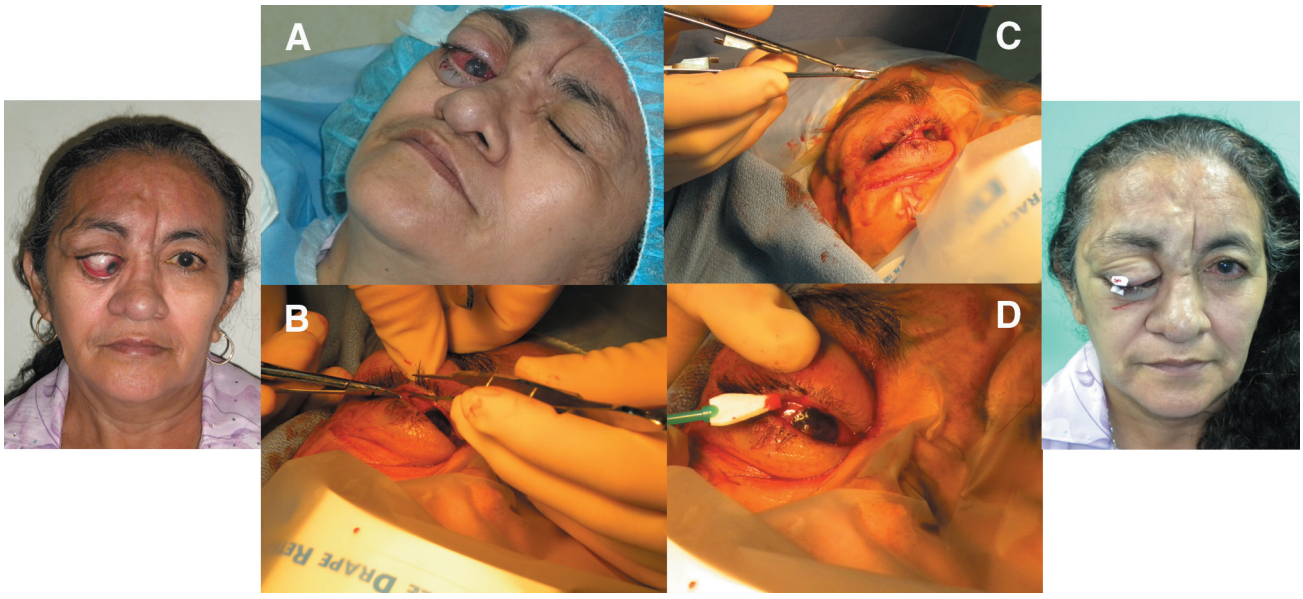


**FIGURE 7** Woman with a 12-year history of a blind, painful, proptotic eye caused by head trauma. Findings consistent with carotid; cavernons fistula with high blood flow to right orbit. Pain caused by exposure to kerctitis. Treatment was palliative. 7A: Patient prepped for 40% laterel tarsorrophy. 7B: Splitting of eyelid into posterior and anterior lamellce. 7C: Suturing posterior (tarsal) layers together. 7D: Completing closure of skin and orbiculars layer.

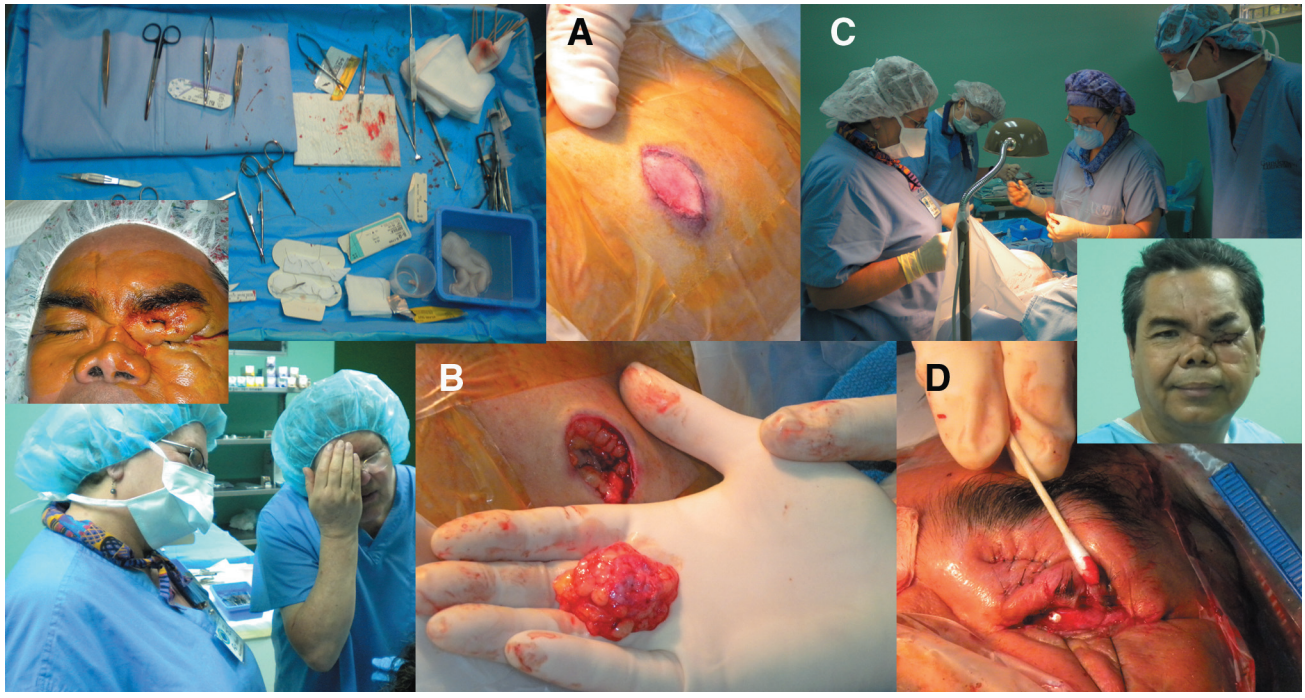


**FIGURE 8** Complex socket reconstruction to establish space for ocular prosthesis following trauma with an M16 rifle. 8A: Perpception of dermis fat graft surface epithelium removed. 8B: Harvested dermis fat graf. 8C: Operating Room Team included nurse anesthetists, surgical nurse, and oculoplastic surgeon. 8D: Demonsirating superior fornix that has been created for prosthesis; conformer inserted for the healing process.

J. is one of many Salvadorans injured during the 12-year civil war from 1980-1992. He was hit by an M-16 while driving by in his pickup truck. Miraculously he survived with his mental faculties intact. He did, however, lose his left eye, most of the bridge of his nose, and soft tissue and skin of the left periorbita and upper cheek (Figure 8). No attempt to reconstruct his orbit had been attempted. In the outpatient surgery room set up by EyeCare in Perquin, he underwent 4 hours of surgery under local anesthetic with intravenous sedation, talking with the surgical team throughout the operation. The scarred upper eyelid was separated from the underlying scar tissue and reconstructed. Next, an orbital space was created using both sharp and blunt dissection. A dermis fat graft harvested from the lateral abdomen was placed in the space, resulting in a fairly adequate superior fornix. A small clear conformer was placed at the end of surgery. Hopefully, an initial prosthesis will be placed later this year, and maybe next winter a second phase of reconstruction can be undertaken.

This year was the first year a Board Certified Ocularist accompanied the group. It made an immense difference for both the surgical care possible and the success of the eye prosthetics team as a whole. A small team of dedicated volunteers have specialized over the years in providing prosthesis fitting and care. The numbers of prosthetic eyes fit during each 2-week period have steadily increased.

## CONCLUSION

While there are numerous ophthalmological services provided in this mission outreach, it is the oculoplastic work and prosthetics delivered that fill this report. Perhaps the greatest reward in any service work is being part of something greater than oneself.

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eyeglasses and supplies throughout the years.

EyeCare International's founding ophthalmologis, Dr. William Brinker, and his wife Grace Brinker, must be noted for their passion and vision in establishing EyeCare over 15 years ago.

Finally, great appreciation goes to the people of El Salvador who have taught us all about dignity and humility as they shared talent, resources, and time in this worthy mission.

For additional information about EyeCare International visit www.eyecareint.org

To find out more about the Lions Club International visit www.Lionsclub.org

For information about traveling to El Salvador, visit the State Department's travel Website: www. travel.state.gov

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## EDITOR'S NOTE

Having participated in this mission for the very first time in 2010, the Senior Editor felt it necessary to add a few comments and observations about this diverse, eclectic group that for the past 15 years has gathered selflessly to provide comprehensive eye care to the underprivileged in Central America. While this mission *only* lasts for two weeks (three weeks for several administrators), the planning and gathering of supplies and materials (and many pairs of glasses) is year long. In his quiet manner, Phil Loar, the Director of EyeCare International (a title he rejects), diligently gathers and assembles, organizes and recruits, eleven months out of the year. His low-key manor and humility are admirable.

Dr. Beth Ault–Brinker, one of the four coauthors of this article, has participated in numerous international ophthalmology missions. Her ophthalmic team (Pat, Linda, and translator Gertrude) skillfully and compassionately cared for and treated very difficult reconstructive cases. Smiles from happy patients have been their rewards.

Darrell Holland, a former Religion Reporter with the *Cleveland Plain Dealer* for 23 years, needs to be recognized for his ongoing interest and compassion. Witnessing his fast-paced walks up the winding, cobblestoned streets of Perguin shames people half his age.

A word of appreciation is also necessary for the Gotera Hospital administrators, doctors, nurses, and staff who were extremely helpful, opened their facility to "outsiders," and genuinely welcomed the volunteers and patients.

Finally, thanks to the clergy working in El Salvador (in particular, Sr. Anne Griffin and Sr. Rose Terrell) who are ambassadors of the human race. The Peace Corps volunteers and all the individuals who participated in the 2010 El Salvador mission (and previous missions) have once again proved that, when given an opportunity, people can do the right thing.

Michael O. Hughes, B.C.O.
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**VOCABULARY FOR BASIC PROSTHETIC CARE**

| ENGLISH | SPANISH | ENGLISH | SPANISH |
|---|---|---|---|
| **Left** | Izquierda | **White** | Blanco |
| **Right** | Derecha | **Iris** | Iris |
| **Up** | Arriba | **Pupil** | Pupila |
| **Down** | Abajo | **Drainage** | Drenaje |
| **Light** | Iluminado | **Mucus** | Mucus |
| **Dark** | Oscuro | **Plastic** | Plastico |
| **Big** | Grande | **Glass** | Vidrio |
| **Little** | Pequeno | **Minute** | Minuto |
| **Yes** | Si | **One** | Uno |
| **No** | No | **Two** | Dos |
| **Look** | Mira | **Five** | Cinco |
| **Close** | Cierra | **Ten** | Diez |
| **Sleep** | Duerme | **Tears (eye)** | Lagrimas |
| **Eye** | Ojo | **Suction Cup** | Aparato de Succion |
| **Pain** | Dolor | **Fall Out** | Caer |
| **Remove** | Quitar | **Wipe** | Limpiar |
| **Blood** | Sangre | **Dislodge** | Desalojar |
| **Brown** | Moreno | **Tissue** | Panuelo de papel |
| **Red** | Rojo | **Water** | Agua |
| **Blue** | Azul | **Soft** | Suave |
| **Black** | Negro | **Hard** | Duro |
| **Green** | Verde | | |

*Sometimes translations can be misleading and at times frightening to any patient; including the following words: blind, enucleation, and blood. Calm, caring information should always be given to any patient. In addition, photographs and/or images should be available to reinforce any issue medical professionals wish to relay, especially regarding insertion and removal of the prosthesis.*