A photograph of a hospital ward. In the foreground, a woman with dark hair tied back, wearing a blue patterned sleeveless top, sits on a white plastic chair. She is looking down at a young child lying on a gurney. The child is covered with a white sheet, with only their legs and feet visible. The gurney is on a blue surface. In the background, there are several hospital beds with metal frames, some with white linens. A person in a white cap is visible in the distance. The floor is made of yellow hexagonal tiles. The walls are light-colored with some medical equipment mounted on them.

the Sight Saviors

Making friends in El Salvador one patient at a time

by Louis A. Arana-Barradas

photos by Tech. Sgt. Efrain Gonzalez

Roxana Campos soothes her 6-year-old son, Carlos, while recovering after surgery at San Juan De Dios Hospital in Santa Ana, El Salvador. An Air Force plastic surgeon fixed the boy's lazy left eyelid. Carlos would have lived with the condition, a social stigma to Salvadorans, had it not been for a team of Air Force doctors, nurses and technicians on a medical mission in the country. Such teams treat hundreds of people in Central and South America and Caribbean nations each year — free. Roxana and her husband could never afford such an operation. "The doctors are a godsend," she said.

The door to the operating room swung open and Capt. James Johnson walked out. Tall and lanky, his sparkling blue eyes played off his light green work “scrubs.” In his big arms, he tenderly clutched 6-year-old Carlos Campos.

The boy was crying. Unknowingly, he fought the man who had just helped oculo-plastic surgeon Maj. (Dr.) Randy Mauffray change his young life forever.

Outside — in an open breezeway waiting area of the San Juan De Dios Hospital in Santa Ana, El Salvador — the boy’s mother, Roxana, sat and waited. Fidgeting. Waving a well-worn flowered fan before her face in a vain attempt to keep cool in the morning humidity. All the while, she chatted with a woman who was awaiting news of her grandfather’s surgery.

“It’s hard waiting — not knowing what’s going on in there,” Roxana said, pointing to the doors that separated her from her son. “I have faith in the doctors, but I want to see my son.”

Inside, doctors operated on the boy’s lazy left eyelid. After more than an hour, the surgery had gone well. He’d recuperate and have a normal childhood.

Johnson followed a nurse into the recovery room. The anesthesiologist from Wilford Hall Medical Center at Lackland Air Force Base, Texas, towered over the nurses. But as he walked by, they smiled. The big “Americano,” was gently stroking the boy’s back, trying to soothe and calm him.

The nurse wheeled a bed into a corner, and Johnson placed the boy in it. Carlos scratched at the patch over

his eye, but Johnson gently kept him from pulling it off. When Roxana arrived, the boy was crying. Anguish creased her face. Then she picked up Carlos and hugged him tightly. “He’s coming out of the effects of the anesthesia and is disoriented. But he’s in no pain,” Johnson told her through

a translator. In his limited Spanish, he assured her, “El niño esta bien. No se preocupe [The boy’s all right. Don’t worry].”

Then, for the first time since Carlos had gone into surgery hours earlier, Roxana smiled.

“I have waited six years for this day,” she said, nearly in tears. Looking into Johnson’s eyes, she said, “I cannot repay your kindness, but I know God will bless you for what you have done.”

Though he didn’t understand all the words, John-



son knew they came from the heart. He flashed a big smile. Then, patting the boy’s back, he replied, “Muchas gracias [many thanks].”

Then he went back to the operating room. There were more patients. More surgeries.

A caring mission

Johnson was with a nine-member Air Force mobile optometry surgical team that worked for two weeks at the hospital, located about 35 miles west of El Salvador’s capital of San Salvador. The team had ophthalmologists, nurses and technicians from Wilford Hall, Wright-Patterson Air Force Base, Ohio, and the Air Force Academy in Colorado.

The visit was a medical readiness exercise, one of the many ongoing humanitarian and civic assistance programs U.S. Southern Command conducts in the 32 nations of Central and South America and the Caribbean. Other unified commands have similar programs.

Teams visit after host countries request help through the State Department. Countries ask that teams have certain specialists, based on their most critical needs, said Col. (Dr.) Juan Perez-Becerra, a Wilford Hall ophthalmologist and the Santa Ana deployment team chief.

Team chiefs handpick teams from a host of volun-

teers to get “the right people to fulfill the mission,” he said. An agency from the country hosts the visitors. In El Salvador, the Salvadoran army brigade at Santa Ana hosted the team, and soldiers provided security, transportation and translators. The Salvadoran air force sent two translators as well.

Though smaller medical teams make the trips, most are by larger teams capable of providing a variety of services. Those include medical, dental or veterinary care; basic road construction and repairs; well drilling; and land mine detection and clearing. Teams also help rebuild or repair schools and public buildings and usually set up shop in rural areas.

The colonel’s team went to Santa Ana to perform cataract surgeries and strabismus surgeries to fix crossed and outturned eyes. The doctors also fixed lazy eye conditions and did plastic surgery. By trip’s end, they’d performed 63 surgeries.

Perez-Becerra — fluent in Spanish and a veteran of 14 such trips — is medical director for international health specialist teams at Wilford Hall’s 59th Medical Group. He sets up visits, which he said provide benefits to everyone involved. And though teams aim to help people, each has distinct military goals as well.

“Our goal is still to train troops,” he said. “The diversity of ailments and conditions we get to see on



Medics (top left) set up shop in one of the hospital’s operating rooms modified to handle four patients at a time. Col. (Dr.) Juan Perez-Becerra (top), with help from Salvadoran nurse Reyna Rosales, prepares a patient for cataract surgery. Though it might look a bit gruesome, a cataract surgery (above) — done under a microscope — is a relatively simple procedure, Perez-Becerra said. Trips to foreign countries serve a twofold purpose: to provide training for medical teams and to perform surgeries through ongoing humanitarian and civic assistance programs.

“I cannot repay your kindness, but I know God will bless you for what you have done.”

Roxana Campos

these trips provides us excellent training.”

Trips provide valuable deployment planning practice. Since most countries lack high-tech medical equipment, teams work in austere conditions. Surgeons operate without all the high-tech gadgets they use at stateside hospitals. Procedures are normal but cases are ones they don't normally encounter.

And team members learn to assist beyond their normal home-base duties. For example, nurses and ophthalmology technicians assist in operations.

“Trips like this help us prepare for duty in places like Afghanistan and Iraq,” Perez-Becerra said. “All the medical people serving in both those places have taken part in exercises like this.”

Col. (Dr.) Jim Knowles, a Wright-Patterson ophthalmologist, said surgeons reached back into their medical training to find ways to compensate for the

lack of certain equipment. But the hospital in El Salvador was generally well-equipped, allowing them to perform simpler procedures.

“We have to get used to operating in a more basic environment again,” he said. “Procedures take longer, but we get the same results.” Local ophthalmologists helped with some operations. Knowles said the doctors learned from each other, and people who needed help got it.

“The training's great,” Knowles said. “But the personal satisfaction is better.”

The word's out

Salvadorans gain the most: Care is free. Good news in a country where the average monthly wage is about \$120. A place where the simplest operation can cost a year's salary.

“Most of our people don't have money for an operation,” Carmen Cortez said. “So to most, operations like this are just a dream. Something to hope for.”

A government worker with a salary several times the national average, Cortez still couldn't raise the \$2,000 for the cataract operation her 78-year-old mother, Benancia, needed. Her only hope of restoring her mother's sight depended on the visiting airmen.

“These Americans don't realize how important their visits are,” she said, adding that word of a team's arrival spreads fast. “When a team arrives, people come from everywhere to get help.”

Unfortunately, it's the only chance most of them will ever have at a life-changing operation. And it is life changing. Each surgery doesn't just fix an ailment, it changes a life, said Lt. Col. (Dr.) Martha Schatz, a Wilford Hall pediatric ophthalmologist.

In most Third World countries, it's a great social stigma to be born with crossed or outturned eyes, droopy eyelids or other eye ailments, she said. Those afflicted face a tough life, and many become socially dysfunctional. Schatz is aware of the impact surgery can have on a person.

“That's what we're about, too, fixing misaligned eyes so people won't become social outcasts,” she said. “We're able to touch — change — lives.”

At San Juan De Dios, the country's second largest hospital, airmen got the chance to touch many lives. First, they set up an ophthalmology clinic in an empty classroom and screened hundreds of candidates. They tested each one to determine if they qualified for surgery.

On operation day, patients went through a thorough preoperation check. In the operating room, the team worked on four patients at a time. Afterward, patients went into a recovery room and then to a patient ward for an overnight stay. The next morning they got another check, received medicines and went home to recover. They returned a week later for a final check.

Most patients were there for cataract surgery. Nearly all were senior citizens with such advanced cases that most were legal-

ly blind. Team surgeons don't usually treat such advanced cases. In the United States, doctors treat cataracts early. Not the case in El Salvador.

“The lack of doctors and high costs of surgery forces many of these people to live with curable blindness,” Perez-Becerra said. “That's sad.”

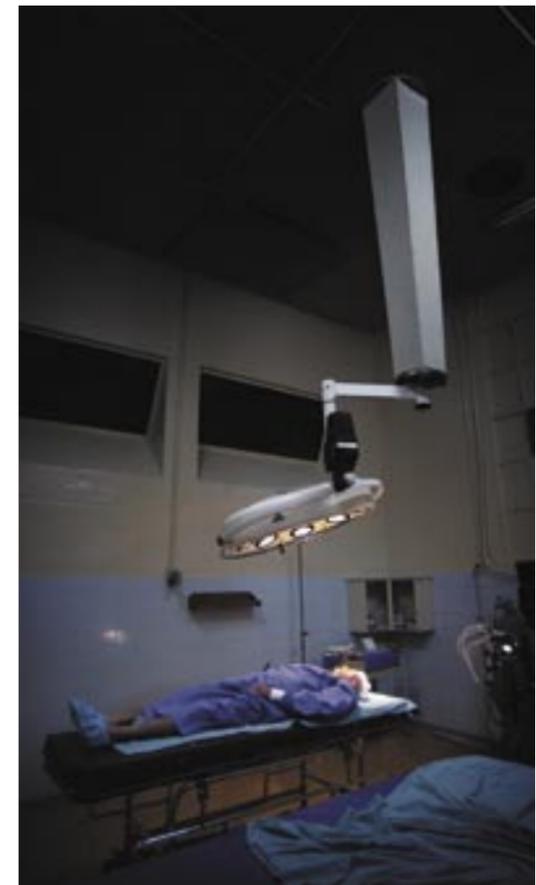
Built-up deposits of calcium cause cataracts — a kind of haze that can cause blindness. Surgery to replace the damaged lens is the cure. With machines, doctors at stateside hospitals can perform a cataract operation in 15 to 20 minutes. But Santa Ana patients had advanced cataracts, and with less equipment, surgeries took from 45 minutes to an hour.

“These people have some big cataracts,” said Maj. Karen Ottinger, a certified registered nurse at Wilford Hall. “It feels good to give them back their sight.”

Perez-Becerra said the visits have a big payoff.

Team members get real-world training, and patients get free, top-notch medical care. On another level, the visits help bolster the growth of regional military ties. They also help maintain the U.S. presence that helps uphold regional stability and respect for human rights. Quite a mouthful, Perez-Becerra admits.

“But we're not just American faces to these



The operating room at San Juan De Dios Hospital wasn't as well equipped as what the airmen health care providers were accustomed to. Still, Lt. Col. (Dr.) Martha Schatz said the setup was “a lot more advanced than other places we've been to.”

“The lack of doctors and high costs of surgery forces many of these people to live with curable blindness. That's sad.”

Col. (Dr.) Juan Perez-Becerra

Before and after operations, patients sat in a waiting area outside the operating room. All entered the surgery legally blind and came out with sight restored.



people,” he added. “We’re helping people who might not otherwise have a chance. These missions are truly about caring.”

There’s more to a visit than meets the eye. Master Sgt. Sammie Bonner, a Wilford Hall ophthalmology technician, said trips give him “big-time job satisfaction.” But most gratifying is seeing how happy people are after an operation, seeing their reactions.

“They were blind when they came to us. When

Hundreds of people travelled to the hospital from throughout El Salvador in hopes of getting free care. There were so many people to see that Col. (Dr.) Jim Knowles took an interpreter with him and did initial checks in outside waiting areas. “There are challenges to doing this job — just like being on the front lines,” he said.



they leave, they can see,” he said. “Knowing I made a difference in a person’s life — helped them see again — that’s cool.”

A nurse wheeled Carlos from the recovery room toward a patient ward. Roxana, carrying a bag full of medication, followed. Johnson walked with her, repeating through a translator the instructions he’d given her before on how to use the medicines to help her son recover.

Roxana smiled and said she understood. Her eyes sparkled with hope. But before she learned of the team’s visit, she had little hope her son would get an operation. On her husband’s \$5-a-day salary, there was no way the couple could have paid for the operation.

“I prayed that one day my son would get this operation,” she told Johnson. “Now Carlos will grow up a normal boy. You are my son’s savior. Mil gracias [a thousand thanks].”

Johnson smiled and walked into a break room. He had time to wolf down a sandwich before facing an afternoon full of surgeries. Though he didn’t get a chance to see much of El Salvador, he met some of its people. Patients told him of their lives and families, of their faith in the doctors and that they wished teams would continue visiting El Salvador.



The translator walked in as Johnson downed some cold french fries. He said Roxana considered him her son’s savior. Johnson beamed.

“Helping people who really need and appreciate our help is great job satisfaction,” Johnson said. Putting on his mask before going back to work, he added, “There’s no better feeling than that. It gives me goose bumps.”

The day after their cataract surgeries, patients received follow-on checkups to monitor their initial recovery. They often had to wait to be seen because their American doctors were super busy, as did (left to right) Domitila Godines, Julia Soto, Maria Soliz, Petrona Asamo and Teodora Najera. Said Soto, “I waited a long time for this operation, so I don’t mind waiting a little more. At least I will be able to walk out of here without my nephew having to guide me. That’s a great feeling.”

An eye-opener

Tania Alfaro and Claudia Caizamo jumped at the chance to help an Air Force medical team at San Juan De Dios Hospital.

The two 23-year-old, fifth-year medical students at the hospital, were on school break. They could’ve been at the beach, but they figured that by volunteering to help they’d learn something, too.

“We’re doing this for what we will learn,” Alfaro said.

Helping was easy, since both speak perfect English. The two, who have two more years of medical school, translated for doctors and patients. And they kept their eyes open, taking mental notes — even lending a hand.

They were nervous at first. But the airmen quickly

put the students — both from the capital city of San Salvador — at ease and encouraged them to ask questions. Soon the two started to soak up knowledge. An easy task since they got to work side-by-side with the American ophthalmologists, nurses and technicians and be part of the team.

“As they operate, the doctors talk to you. Explain what they’re doing and why,” Caizamo said. “And they will keep explaining until you understand. They have a lot of patience.”

What impressed Alfaro was the rapport she saw the team develop with patients, despite the language barrier. She said the experience will help shape her future bedside manner.

“They took care of the children like they were their own,” Alfaro said. “It was easy to see how much they care.”

The roommates said helping the team was an eye-opening experience. A peek into the future.

Caizamo wants to practice internal medicine and endocrinology, and she wants to study abroad for her specialty. Then she wants to return home and set up practice.

“Our people really need doctors,” she said. “The team made me realize that.”

Alfaro wants to go abroad to acquire a specialty, too. She wants to return home and practice in a rural area to help the poor, but she wasn’t sure what path to take.

“I was undecided until I

worked with the Americans,” Alfaro said. “Now I’m leaning toward becoming an ophthalmologist. How they work impressed me.”

The young women said they’ll long remember the experience of working with the Air Force team. What impressed them the most? The sutures.

“The sutures are so small — they’re invisible,” Caizamo said. “More amazing is how well the doctors work in such a small space as the eye. It’s hard to believe how skilled they are.”

— Louis A. Arana-Barradas



Claudia Caizamo (left) and Tania Alfaro: future specialists