



## NOW, THEY CAN SEE

DURING a recent charity mission to Indonesia, Dr Sanduk Ruit and his team restored the sight of some 800 Indonesians.

Among them were sisters Maslia and Nurasni Lubis.

Maslia, 15, had been blind since she was three, and 19-year-old Nurasni since she was five.

Cataracts had caused their blindness, a disability that was reversed during a five-minute procedure. Dr Ruit operated

on both girls, and their sight returned a day later.

The ability to operate on 800 patients during the eight-day expedition was possible due to a breakthrough technique called small incision cataract surgery, pioneered by Dr Ruit.

The surgical technique allows the cataract to be removed with just two small cuts and without the need for stitches.

CHANG AI-LIEN



Sisters Nurasni Lubis (left) and Maslia in eye patches after their operation, and smiling after their sight was restored. The two had been blind since they were young girls, but can now see again, thanks to Dr Ruit. PHOTOS: COURTESY OF MICHAEL AMENDOLIA

### THE ST INTERVIEW

# A sight to behold

Eye surgeon wants to rid Asia of preventable blindness by 2020



By CHANG AI-LIEN  
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HE IS a one-man whirlwind responsible for restoring sight to millions of poor people around the world.

Now, Nepalese eye surgeon Sanduk Ruit is taking his skilled hands – he has performed more than 100,000 cataract operations – to Indonesia, one of the countries worst hit by cataract blindness.

Working with a Singapore charity, he is leading surgical missions there, and will also train local doctors and health-care workers.

“My plan is to wipe out preventable blindness in Asia by 2020,” said the 57-year-old, who has blazed a trail in poor countries for close to three decades, giving the gift of sight and training others to do the same.

His personal target is in line with the World Health Organisation’s (WHO) goal of eliminating avoidable blindness by 2020. There are an estimated 18 million people who are blind from cataracts, according to WHO. This represents almost half of all causes of blindness.

A cataract is a clouding of the eye’s lens, preventing light from entering. It can be treated effectively through an operation to replace the lens with an artificial one. However, many people remain blind as they do not have quality eye care or cannot afford an operation.

Dr Ruit’s current focus is on Indonesia, which has more than three million cases of cataract blindness.

“The idea is to train good people, continue the model efficiently and become self-sustaining,” he said during a recent stopover in Singapore, where he was invited to speak about his procedure.

“My main focus for the next two to three years is Indonesia, and then I will move on to the next spot.”

Besides personally supervising missions to Indonesia, he will be leading efforts to train some 50 eye doctors. Some have already completed a training stint at the Tilganga Institute of Ophthalmology in Nepal’s capital Kathmandu, where Dr Ruit is medical director.

Founded in 1994, the centre is a “first-world facility in a third-world country”. It treats 2,500 patients a week, and also conducts training sessions for doctors from around the world.

Dr Ruit also set up a laboratory in Kath-



Nepalese eye surgeon Sanduk Ruit now wants to focus on Indonesia, one of the countries worst hit by cataract blindness. An estimated three million to four million people have already benefited from his technique, a cheap, sutureless form of cataract surgery. ST PHOTO: AZIZ HUSSIN

FOR almost three decades, Dr Sanduk Ruit has been giving the gift of sight to some of the world’s poorest and neediest people.

Known as the doctor of the poor, the 57-year-old grew up in a remote village in Nepal, in the manner of many of his patients.

With the nearest school 11 days’ walk away, his father – a small-time trader – sent him to boarding school in India, where he also completed his ophthalmology training.

Then in Australia, he learnt the techniques of modern cataract surgery from his mentor Dr Fred Hollows, a skilled ophthalmologist and famous humanitarian.

Dr Ruit returned to Nepal in 1989 and began training local doctors in

### Doctor of the poor

modern cataract surgery, as well as refining techniques to take such procedures to poor people living in the extremely remote areas.

In 1994, he set up the Tilganga Institute of Ophthalmology, an eye hospital comprising a lens laboratory, eye bank and surgical centre that has since screened more than 1.5 million people and performed well over 74,000 operations.

He, himself, has restored sight to around 100,000 people, and trained thousands of eye health workers from around the world.

mandu to manufacture intraocular lens implants for a few dollars each. They would cost more than \$100 to import.

The ripple effect has been overwhelming. An estimated three million to four million people have already benefited from his technique: A cheap, sutureless form of cataract surgery that allows safe,

high-volume and low-budget operations. And the production line efficiency has in no way compromised safety.

Success rates are comparable with state-of-the-art surgery, said Dr Ruit, and over the years, it has proven to work well beyond sterile hospital walls and in environments such as the mountains of

Among his numerous awards are the Royal Nepal Academy of Science and Technology annual award, given in recognition of his continuing work for the people of Nepal and other developing countries.

He has also received the prestigious Ramon Magsaysay Award for International Understanding.

In 2007, he was named Asian of the Year by Reader’s Digest, and received an honorary appointment as Officer in the Order of Australia by the country’s governor-general.

He is married to Nanda, 49, a housewife. Their 21-year-old son is studying medicine, while their older daughter, 19, is studying management. Their 15-year-old daughter is in secondary school.

“You have one patient on your left, one on your right. You work on one, then you can turn around and work on the other,” said the soft-spoken doctor, who grew up in a poor, remote mountain village with a population of 300.

With the nearest school an 11-day walk away, he was packed off to boarding school in India when he was eight, and later trained in ophthalmology in India, Australia, the Netherlands and the United States.

During a trip to North Sumatra in Indonesia earlier this year, each of the 800 patients treated had spent an average of eight years in darkness.

Yet, their sight was restored after a simple operation that took mere minutes.

“This usually means that not only can one person go back to work, usually there is a carer who is freed up as well,” said Dr Ruit. “Getting your eyesight back is a life-changing event. For some, it means independence, or the chance to lift themselves out of poverty. For others, it may be the first time they have seen the faces of their children.”

So, Dr Ruit, apart from taking his mobile eye camps to countries such as Vietnam, Myanmar, Thailand and North Korea, has also trained 500 doctors, including a few Singaporeans, so they can replicate his work.

Some of them now run large hospitals; others take time out to train colleagues or volunteer for charity missions, where the mass operations take place.

It is this multiplier effect that makes him believe firmly that the goal of eliminating such blindness is possible. “It is such a simple, straightforward and worthy operation. Yet, the outcome in terms of life and liberation is tremendous,” he said.

Noting that cataracts generally afflict those aged 60 and above, he added: “This is when people could be lonelier, less active, and they need their eyes more than ever. If they become blind, you see them really crumble, often just sitting in the corner all day and waiting to get fed.”

Singaporean businessman Tan Ching Khoo co-founded a charity with two Indonesians last year to support Dr Ruit’s work. Called A New Vision, the organisation is helping to fund trips to Indonesia, where the needy are given their operations for free, and aims to eliminate such blindness in the country.

Noting that more than three million Indonesians are now blind due to cataracts, but that only about 80,000 such operations are done each year, Mr Tan said: “At this rate, it will take 37.5 years to clear the cataract backlog in Indonesia.”

While the charity has pledged to continue to fund such missions until the backlog is cleared, Mr Tan stresses that the long-term solution lies in training local doctors.

The charity is hoping that medical personnel such as ophthalmologists and paramedics will step forward to volunteer.

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Those who would like to volunteer or donate to the charity should contact we@anewvision.org

#### ■ What made you choose curing blindness as your cause?

It takes just minutes to do the cataract operation, but it changes so much in a person’s life. There was one woman in her 60s I operated on who was a destitute beggar in a town near Darjeeling in India. Everyone thought she was mad. She went around shouting at everybody, peeing in the streets. After the surgery, she became a different person. The last I heard, she was looking

### Q&A: Curing blindness, changing lives

after herself well and running a small vegetable grocery. This is the significance of our work.

■ How is working in the field different? What you can do in a hospital setting cannot be translated into the

community. You need special systems, it has to be cost effective, and the surgical techniques have to be less dependent on technology. Despite dealing with large volumes of patients, you can’t compromise on quality. We have proven that our success rate is comparable to state-of-the-art surgery. In the past,

our work was considered poor man’s surgery. Now, there is a little bit of respect.

■ Apart from contributing to the local charity A New Vision, how else can people in Singapore play a part in combating

#### cataract blindness?

In Singapore, cataract is picked up and treated early. We are working with young Singaporean doctors who are coming to Nepal so we can share our knowledge with them. To carry out the plan of wiping out preventable blindness in Asia by 2020, we need resources, government cooperation and lots of Singapore eye doctors and health-care workers to volunteer. We are working with hospitals here to do so.