

Members in Action: SightLife Women Advocates' Trip to Nepal

By Sheryl Stevenson

OWL spoke with three thought-leaders who were among those who made the trek to Nepal last fall as part of the SightLife Women Advocates' program.

- **Marsha D. Link, PhD** – Principal, Link Consulting; past OWL Board Member and President
- **Abigail (Abby) Markward** – Director of Business Development, PentaVision, LLC; OWL Board of Directors
- **Audrey R. Talley Rostov, MD** – Cornea surgeon and partner at Northwest Eye Surgeons; OWL Board Member and Associate Medical Director at SightLife

Each shares her take-aways from this experience. Women play a primary role in SightLife's corneal blindness prevention program, which is administered by local women healthcare workers.



Marsha Link with refresher training group

Q What led to your involvement with the SightLife Women Advocates' trip to Nepal? And what was your role?

A **Marsha:** I have been involved with SightLife for a number of years, through both personal and professional relationships. When I saw the exciting program about the prevention program that SightLife was initiating, I wanted to learn more about that. I believe in SightLife's mission to eradicate corneal blindness. I wanted to see something in action that provides a venue to make that happen.

Audrey: I was excited to go on this first women advocates' trip for a few reasons. One was to participate in and learn more about the prevention program. Another was to share in a lot of the work that we've been doing with a number of women who were involved in ophthalmology in different ways. And very excited to share a lot of the different aspects of the work that we've been doing as part of this trip. I also did some surgeon training there for a woman who was the only surgeon for an area of about 2 million people. And so it was fun to participate in a lot of different aspects of the elimination of corneal blindness.

Abby: Years ago, I worked in the marketing department at Bausch + Lomb Surgical. One day, my boss at that time came into my office and said: "Hey, I need you here. Run some numbers on a product called Optisol." In the surgical business, I had no idea what that product was. I became familiar with it and realized it was the corneal storage solution that SightLife and other groups use for corneal transplants. Ever since I've kept in touch with SightLife and anything that they needed some help with, whether it be some marketing or PR work.

My role going into this particular trip was to help promote and create awareness around their mission, and the women's advocates, and what we were going to do in Nepal. So that kind of was my role more on that marketing/PR side.

Marsha: One of the roles for us as women was to experience the implementation of the prevention program. While Audrey served as a wonderful surgeon-trainer for these amazing young women in Nepal, the rest of us were there to observe, to take in, and to understand the different elements of this prevention program and to see it in operation.

Audrey: These infections occur because there is usually an agricultural injury to the cornea. And then it gets infected, there's a delay in treatment, and then it leads to corneal blindness. By being able to have community volunteers, healthcare volunteers, these amazing women, be able to diagnose and have early treatment



Abby Markward with refresher training group

We saw the impact that it had, not only on the patients who were served but on the women who were doing the work and the ripple effect that these women, these community health workers, had in terms of raising their self-esteem, their skill level, and the acknowledgement that they were someone empowered in their community to do something in the healthcare arena that made a difference.

Abby: What was eye-opening to me is why this prevention program is so important to 'shut off the faucet.' That's kind of what's always been in my mind.

Audrey: This is a mission-critical part of the cornea ecosystem and something we haven't been involved with before, which is this prevention program.

One of the main reasons for needing corneal transplants in developing countries and especially here in Nepal and where we went, as well as India, is infections.



Dr. Audrey Talley Rostov with a healthcare worker

for corneal infections... that's tremendous because then they can prevent blindness from occurring in the first place.

And from a small amount of money – these women get paid 25 cents per abrasion that they treat these and that's a few dollars for some antibiotic ointment to use for a few days. And for patients' follow-up, it can prevent them from having corneal blindness and from needing a cornea transplant, which can run into the equivalent there of hundreds to hundreds or thousands of dollars.

Marsha: This prevention program is implemented by women in local villages who have been trained by SightLife to identify early corneal abrasions and early forms of infection.

These people come from villages that are miles away. And the follow-up for corneal transplant is very difficult and, so if you nip it in the bud, and 'turn off the faucet' as you're helping people get well and avoiding the costly and complex corneal transplantation that can save them and can save their and restore their vision.

Marsha: Currently, there is some 10 million corneal blind in developing countries where corneal blindness is occurring. That 10 million people that we now have in the statistics is increasing every year unless we do something to ‘turn off the faucet’ and get people treated earlier to avoid the necessity of having transplantation.

Abby: From a SightLife perspective, it’s rededicated my efforts to that organization because I know they have a plan around these prevention programs. For me to give my time and resources to an organization and know that they are making strides in the right direction to eliminate corneal blindness.

Thirdly, I was able to meet some amazing women on this advocates trip, for example, Audrey and Marsha. I hope to call them friends for life and that was just wonderful to spend that time and experience with them, because it is quite remarkable.

Marsha: They were amazing women, each of them to the person and each of them were dedicated, committed, and involved and were just wonderful people.

I had been to Nepal before, but the thing that I came away with is that these people that we met, the women health workers, the commitment of these community health workers where they have nothing materially, but they want to make a difference.

What an amazing human value that is to live your life, to make a difference. These universal values of humanity just struck me right between the eyeballs. And it just made me realize that whether we’re in the USA or whether we’re in Nepal or whether we are in South Africa, there are some qualities about the human condition and the human spirit that drives us all.

Audrey: As many trips as I have been on, one of the things that I always bring back is the sense of hopefulness and the capacity for doing good. The commonality of the human condition, but also, especially this sense of empowerment of these women was palpable. ■



Presentation by female community health volunteer

Corneal blindness is something we can do something about and shame on us if we don’t tackle a problem that we could solve.

Q How has this experience personally changed you?

A **Abby:** There are so many different ways it has been life-changing for me. First of all, just becoming aware of the prevention program and being immersed in it and meeting these women and seeing what they do every day. We went to one of their training courses and one of the women walked for six hours just to be there that morning. And I just thought that was remarkable.

To learn more about how you can make a difference, contact Claire Bonilla, CEO or Josie Noah, Vice President, Global Strategy and Programs at info@sightlife.org or visit SightLife.org.

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