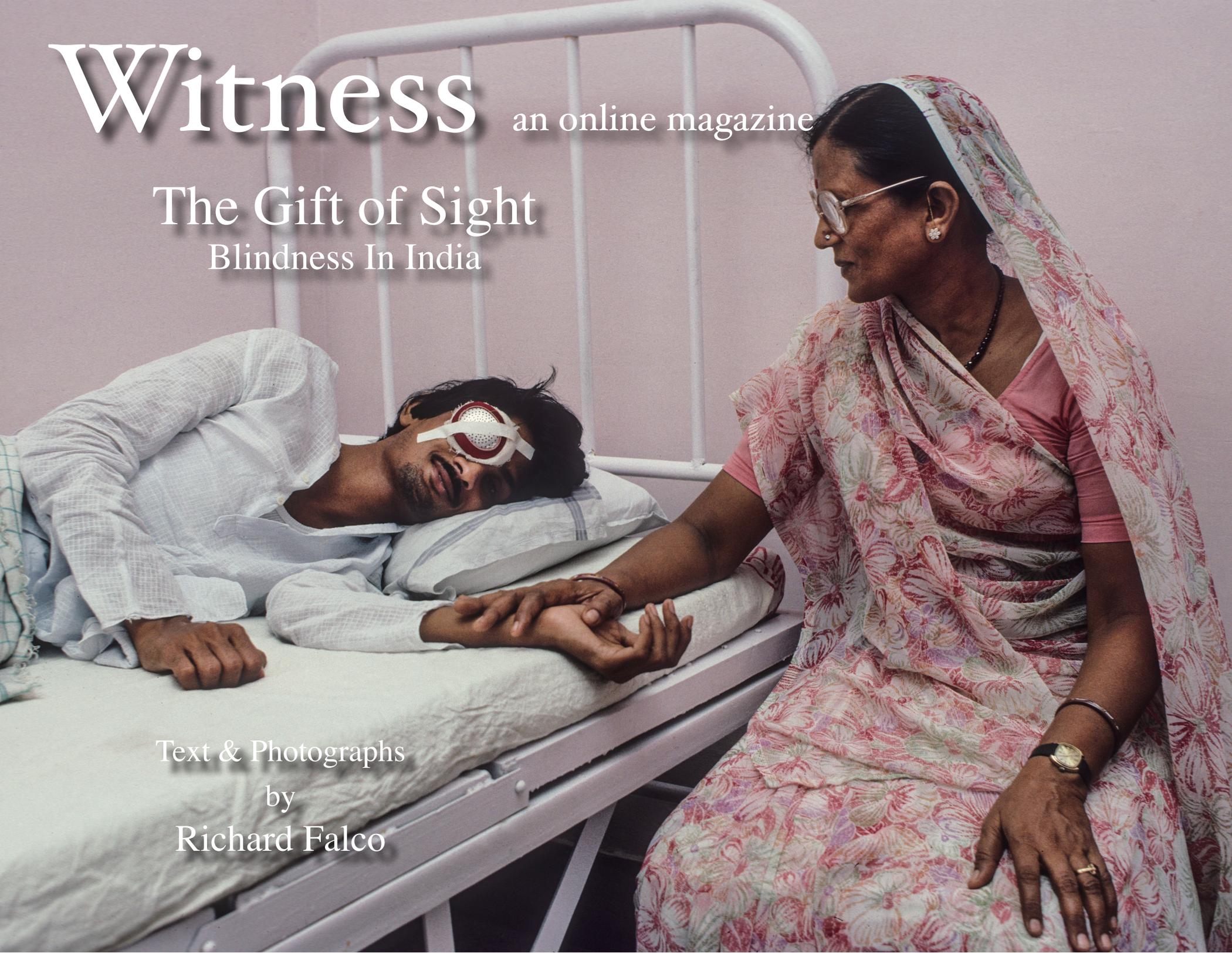


# Witness

an online magazine

## The Gift of Sight

Blindness In India



Text & Photographs  
by  
Richard Falco

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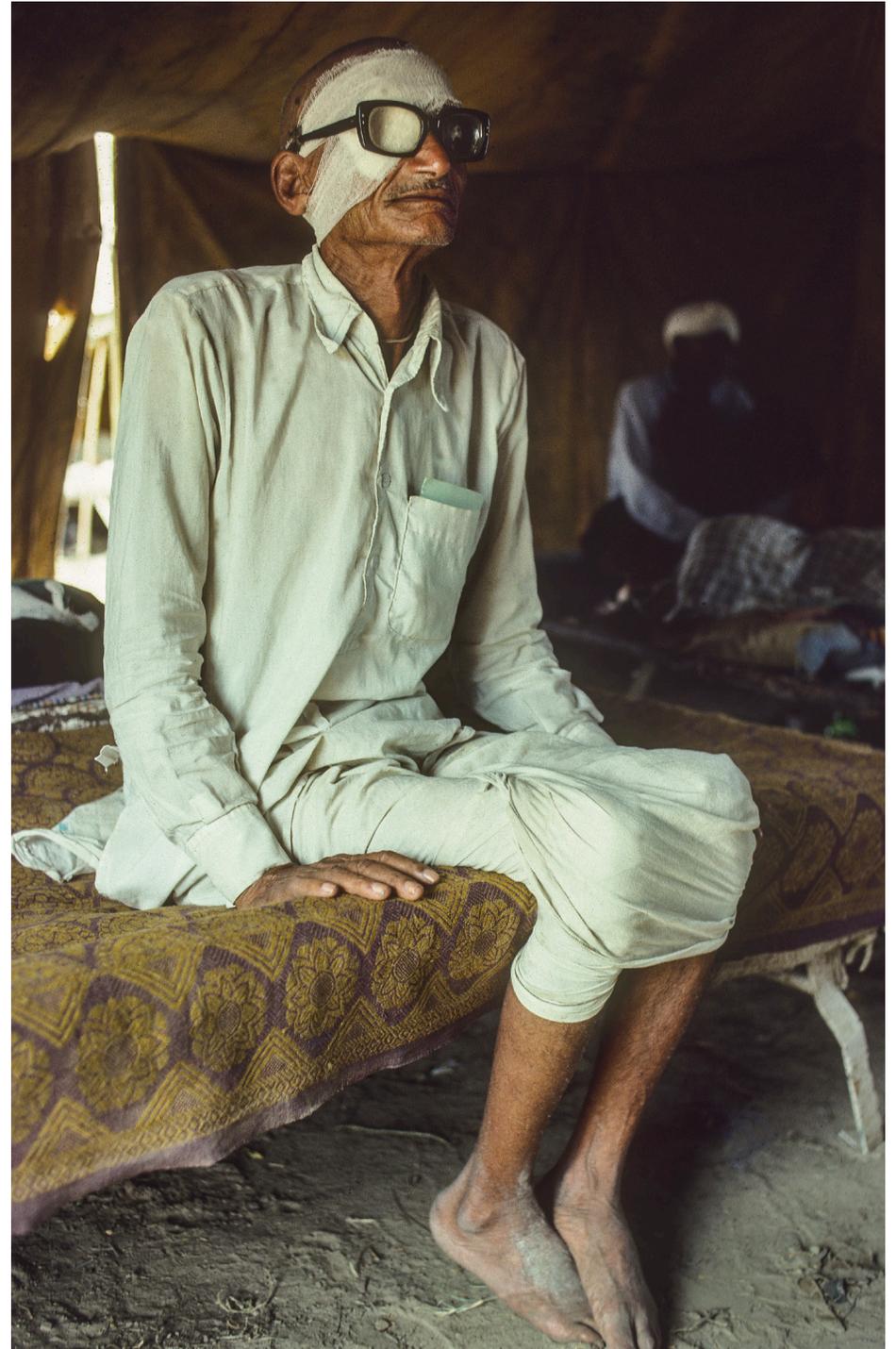
In the dusty fields of rural India, losing one's sight can mean losing one's livelihood. For millions of farmers, laborers, and children, blindness is not just a medical condition—it is a life sentence.

According to the International Agency for the Prevention of Blindness (IAPB), there are more than 43 million people worldwide who are blind, and over a billion live with vision impairment that could be corrected or prevented. The burden is heaviest in underdeveloped nations, where limited access to healthcare compounds the problem.

India currently has more blind people than any other country, both in terms of absolute numbers for blindness and total visual impairment. In 2020, the IAPB estimated that India had 9.2 million blind individuals, which is the highest in the world. When looking at the broader category of vision loss (including blindness and moderate/severe vision impairment), India also tops the list with 275 million.

Cataracts, the leading cause of preventable blindness, have historically been one of India's most significant public health challenges. To combat this, India has relied on a unique strategy: Cataract Camps. These temporary outreach programs bring surgeons, nurses, and volunteers directly to underserved villages, performing dozens, sometimes hundreds, of sight-restoring procedures in just a few days.

A man patiently waits to be seen by a doctor at a Cataract Camp.





Once people have heard that doctors and nurses will be coming to their location, the town where the camp will be set-up quickly becomes populated.



Individuals arrive in the hope of being seen.

The scale of the initiative is staggering. In 2022–2023 alone, India conducted over 8.3 million cataract surgeries through hospitals, NGOs, and outreach camps, setting a national record. Organizations like Aravind Eye Hospitals and the Sankara Eye Foundation have been at the forefront. Aravind, which pioneered high-volume eye care, has treated nearly 32 million patients and performed over 4 million surgeries since its inception in 1976. In 2018–19, Aravind alone screened over 560,000 patients and performed close to 90,000 cataract surgeries through more than 2,800 outreach camps. Indian doctors perform about 1.2 million cataract operations a year, but the growing need still outpaces their efforts.

The scope of the camp's activities has developed rapidly over the last twenty years. In addition to surgery and rehabilitation, they also prescribe and distribute eyeglasses, placing special emphasis on preventive eye care, education, and the importance of good nutrition. All of this is done for free.

A typical Cataract Camp team ranges from 10 to 30 members, depending on the expected patient volume. Key roles include:

- Ophthalmologists performing the surgeries
- Anesthetists or nurse anesthetists
- Ophthalmic nurses and surgical assistants
- Technicians handling sterilization and instruments
- Community health workers and volunteers assisting with registration, patient transport, and follow-up

The camps are established at locations where a need has been identified. They stay at each location for 7 to 10 days. Once the word gets out, people gather in the village to see the doctors. A good number have walked twenty kilometers or more. For some, this is the first time they have ever been examined. The health care team consists of 5-7 doctors, nurses & support staff. Despite their strides forward and



A doctor examines a man who will need cataract surgery.



A doctor examines a man who will be prescribed glasses for the first time in his life.



This cataract operation was done in the village of Sultanpur. Working under the light of an overhead bulb, the surgeons operated in extremely primitive conditions. Though the operations are relatively simple, the doctors worry most about post-operative infection.



After surgery, the patients are brought to recovery areas that have been set up in tents. They will be monitored for any complications that may arise from the operation.



Patients will remain in the recovery tents until the doctors conduct a final examination and determine that they are stable and able to return home.



Experts and policy voices have raised concerns about the quality of surgical care in camp settings—citing issues like compromised sterilization, inadequate follow-up, and higher complication rates. As a result, the government is nudging a shift toward hospital-based care with better outcomes.



The Orbis team in front of their plane.

The doctors will conduct 50 to 250 cataract operations at each location. The reason so much energy is expended on the camps is that cataracts can be cured and blindness prevented. While Indian doctors perform about 1.2 million cataract operations a year, the growing need still outpaces their efforts.

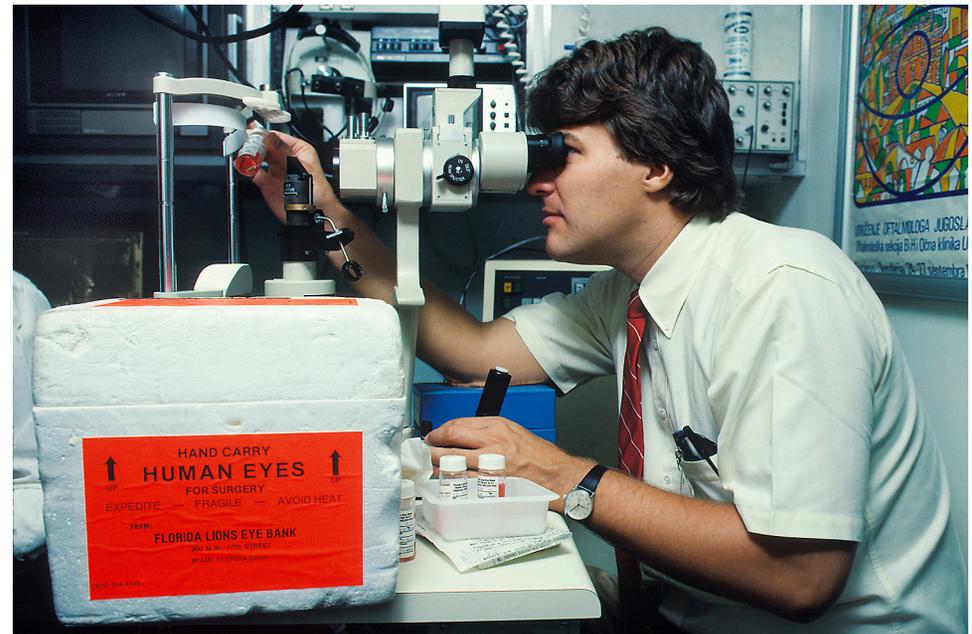
While precise national figures are challenging to ascertain, regional studies and reports underscore the significant role of cataract camps in combating preventable blindness in India. These camps, often supported by both governmental and non-governmental organizations, remain a vital component of India's strategy to improve eye health in underserved populations.

### **Project Orbis**

Another component of this effort has also been to work with organizations from outside the country to address the issue. One of these organizations is Project Orbis. Project Orbis or Orbis



An Orbis staff member discusses the operation with an Indian doctor who is there to learn. As many as 25-40 Indian staff members will participate in the training.





People learning that Orbis will be conducting eye operations line up at a local hospital and wait for the chance to be selected as one of the people who will be treated. Some of these individuals have been waiting for days.



Orbis knows it cannot help everyone, but if it can teach the host doctors and nurses the skills and knowledge they have brought with them, these professionals can carry on the work when Orbis is no longer there. The efforts are as much humanitarian as they are medical.





A child waits in a hospital ward in New Delhi, hoping to be seen by an Orbis doctor.



International is a global nonprofit dedicated to preventing and treating blindness, best known for its “Flying Eye Hospital,” which travels worldwide to provide surgical care, training, and education.

Launched in 1982, the first-generation DC-8 aircraft took off on its mission to provide ophthalmic training and surgeries in underserved regions. In 1994, Orbis introduced its DC-10 model, nearly twice the size of its predecessor, to accommodate the growing scope of its program. This aircraft is the world’s only fully accredited ophthalmic teaching hospital in the sky, offering on-the-spot surgical care, training, and advocacy.

To date, the Flying Eye Hospital has served over 95 countries, bringing training and awareness to underserved eye care professionals worldwide. Orbis’s team is an international group, consisting of doctors, nurses, technicians & other professionals.

For every deployment of the Flying Eye Hospital, the onboard operational crew is made up of approximately eight staff members. A logistics manager responsible for on-the-ground setup in the host country, three administrative staff handling coordination, documentation, and local arrangements, and three mechanics who travel with the plane to maintain aircraft systems and hospital equipment. The medical & technical training experts come from a global network of volunteer professionals who deliver training and clinical services aboard the plane. An international force of approximately 400 volunteer ophthalmologists, nurses, anesthesiologists, and biomedical engineers from over 30 countries participates in Orbis programs.

Orbis stands out because it brings state-of-the-art training directly to areas lacking local infrastructure. They use a Hands-On Training policy that works closely with the host country’s doctors, nurses, and technicians. The Flying Eye Hospital averages three missions per year, with each mission generally lasting two to three weeks.



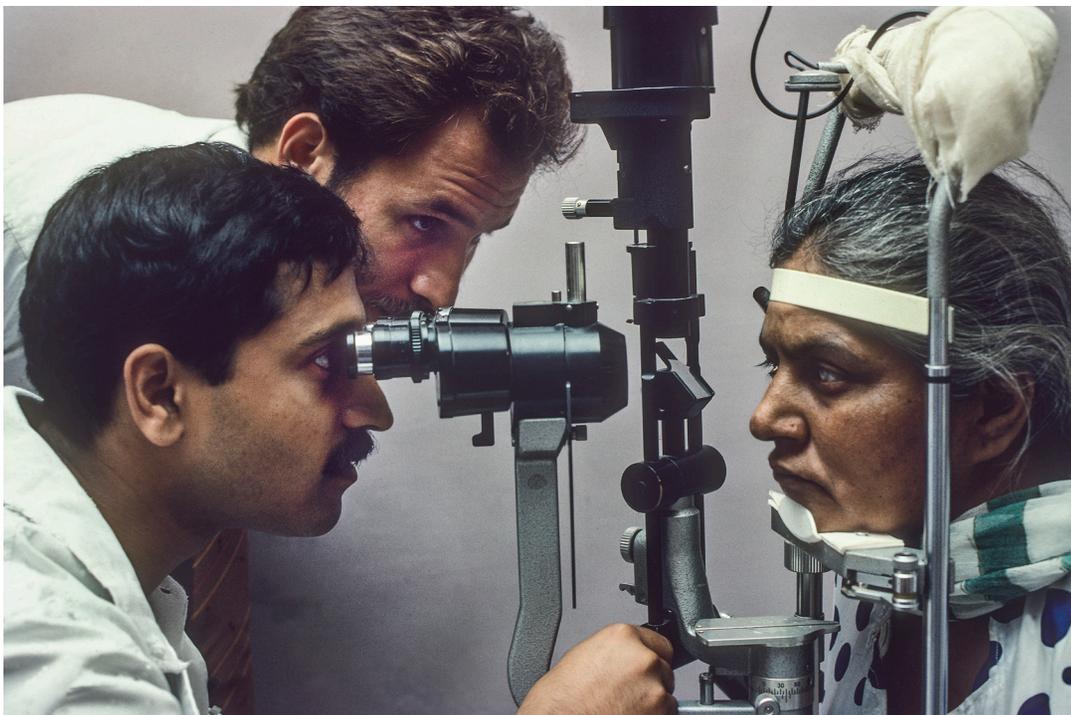
Doctors from Orbis examine a child along with their colleagues from India.



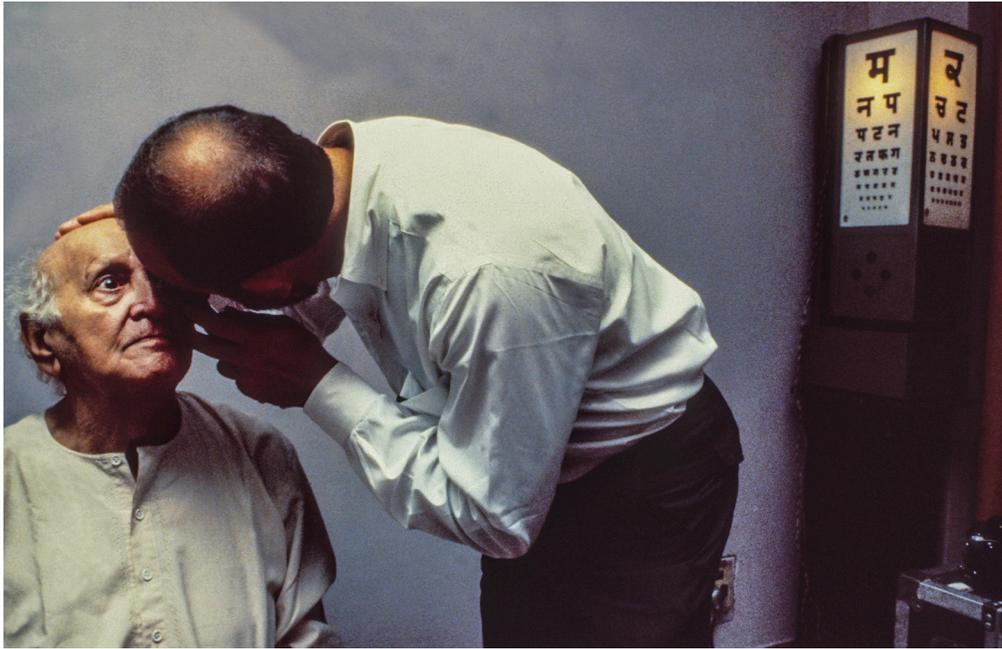
Upon arrival, transferring the plane from standard aircraft configuration into a fully functional hospital takes six to eight hours, with a similar timeframe required for disassembly after the mission ends. Transition into live surgeries, where local professionals observe through 3D feeds, ask questions, and learn directly from the Orbis team.

For the first few days, Orbis's medical team will meet with the country's host doctors, nurses, technicians, and anyone involved in the project to discuss needs, protocols, and determine the information the hosts are interested in learning.

After the introductory meetings, examinations, and evaluations of potential patients will begin. This is time-consuming because they want to find patients who can undergo all the procedures and treatment, as well as illustrate and allow the host team to see and learn from the operations. Orbis and the doctors from the host country jointly determine who receives an operation. Only a few individuals will be chosen. Unfortunately, many will be turned away. The selection is not necessarily made based on a patient's needs. Often, patients are selected based on who will best illustrate the techniques and procedures that require the most learning.

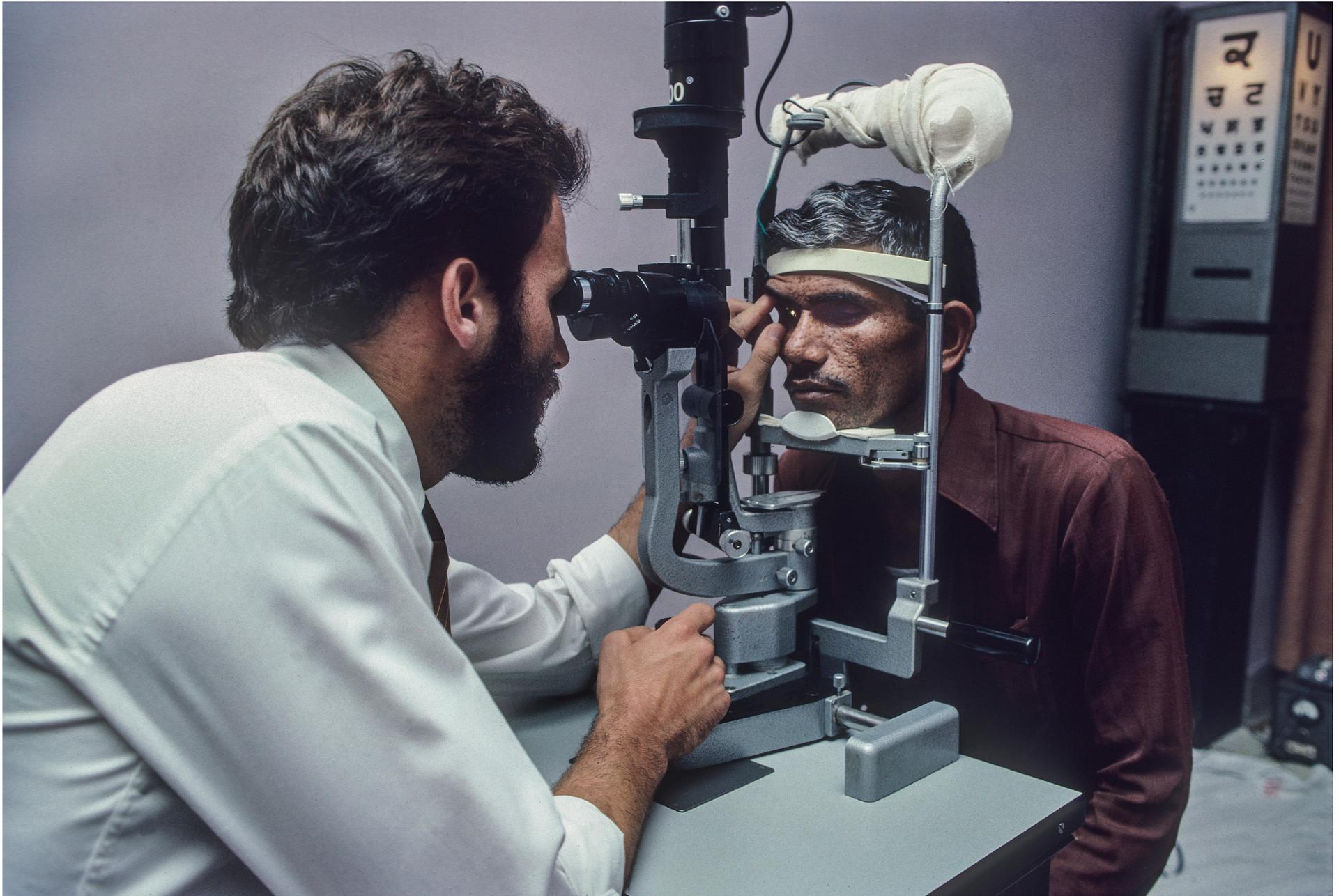


During the entire period of working together, surgeons teach surgeons, doctors teach doctors, nurses teach nurses, and so on down the line, so that everyone contributes their skills to their counterparts. The host doctors don't just learn high-tech methods. They're trained to adapt cutting-edge techniques to work with locally available tools and equipment. A great deal of attention is focused on developing creative, practical solutions for delivering high-quality eye care in resource-limited settings. This enables the hosts to



The Orbis's medical team work together examining potential patient for treatment. The ultimate goal is about sharing knowledge.





Orbis builds long-term partnerships, not just one-time missions. Host doctors get ongoing mentorship via Cybersight, where they can submit cases for expert review, attend webinars, and access surgical videos, protocols, and lectures. Orbis builds long-term partnerships, not just one-time missions.



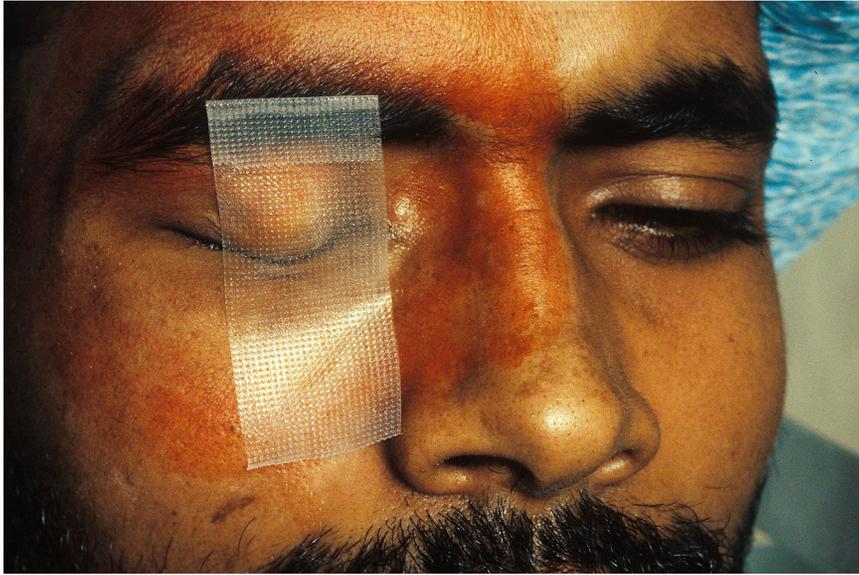
A patient, scheduled for surgery, is assisted up the plane's stairway. (left)  
Another patient is examined again on the plane before surgery. (top)

apply cost-effective alternatives where high-end devices may not be available.

Once the selection process is completed at the hospital, the chosen patients will be brought out to Orbis's plane, where the operations will take place. The operation phase will last approximately one week. In that time, they will do 3-8 operations a day. This will be followed by post-operative care back at the hospital.

The plane is divided into three sections. The first contains the examination room, classroom, and television studio. The second section holds the operating theater, and the third is the recovery area.

The plane's classroom has a limited capacity as to how many people can fit in the space. When necessary, televisions and an audio system will be set up at nearby locations, allowing anyone interested in participating in the sessions to do so.



Host doctors gain exposure to modern surgical procedures (e.g., advanced cataract, strabismus, glaucoma, and retina surgeries), state-of-the-art diagnostic tools, and learn how to interpret results accurately. They also learn about infection control, patient safety protocols, and operating room efficiency standards used worldwide.

Patients are prepared for their operation on the plane.





A small child is given anesthesia before surgery.



The well-equipped operating room on the plane becomes the center of the program's efforts.



A patient waits quietly for the surgery to begin after being prepped.



A patient is made ready for his operation. (top) On the right, the lead surgeon operates on his patient, while explaining the procedure to the watching physicians and other observers seated in the forward area of the plane.



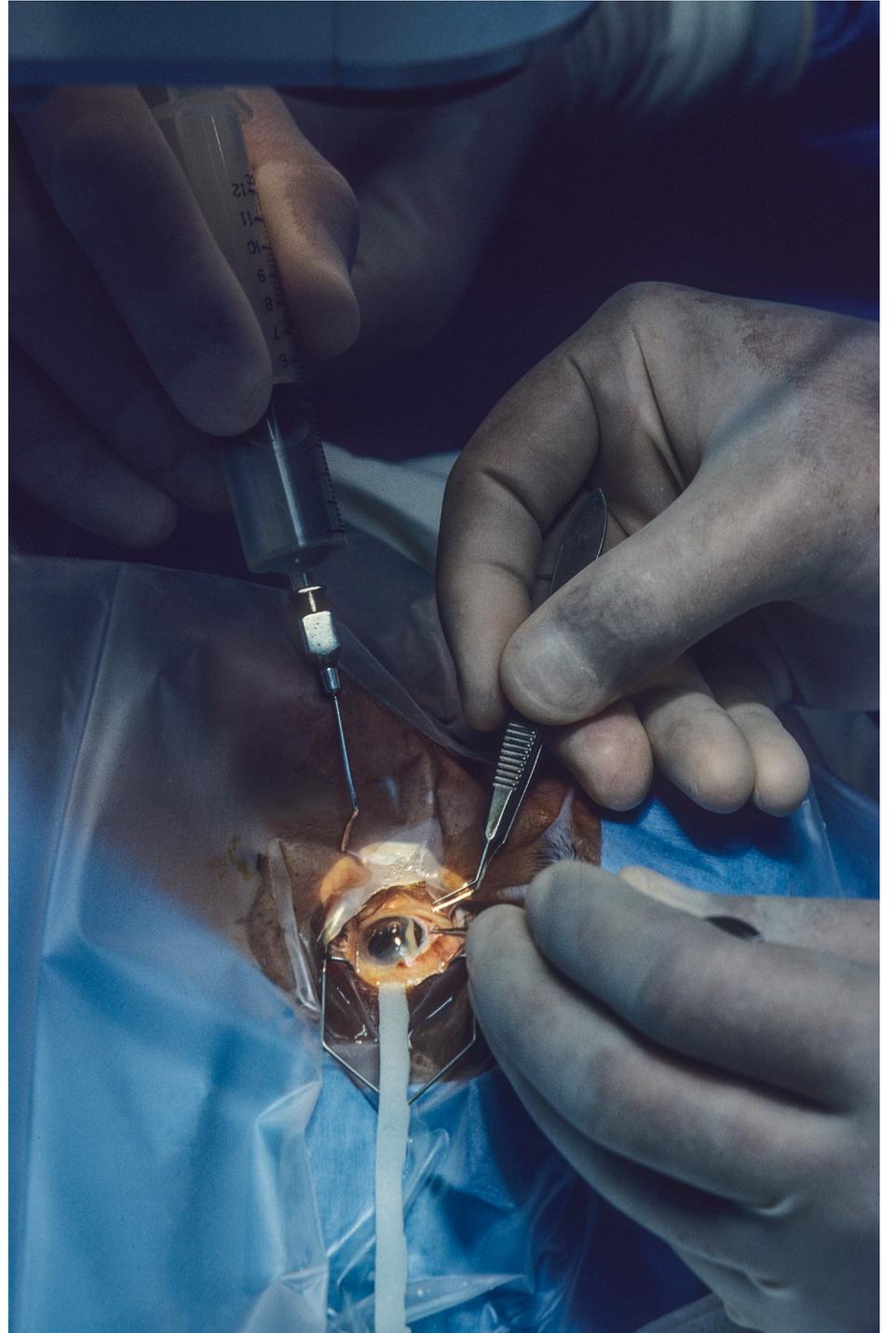
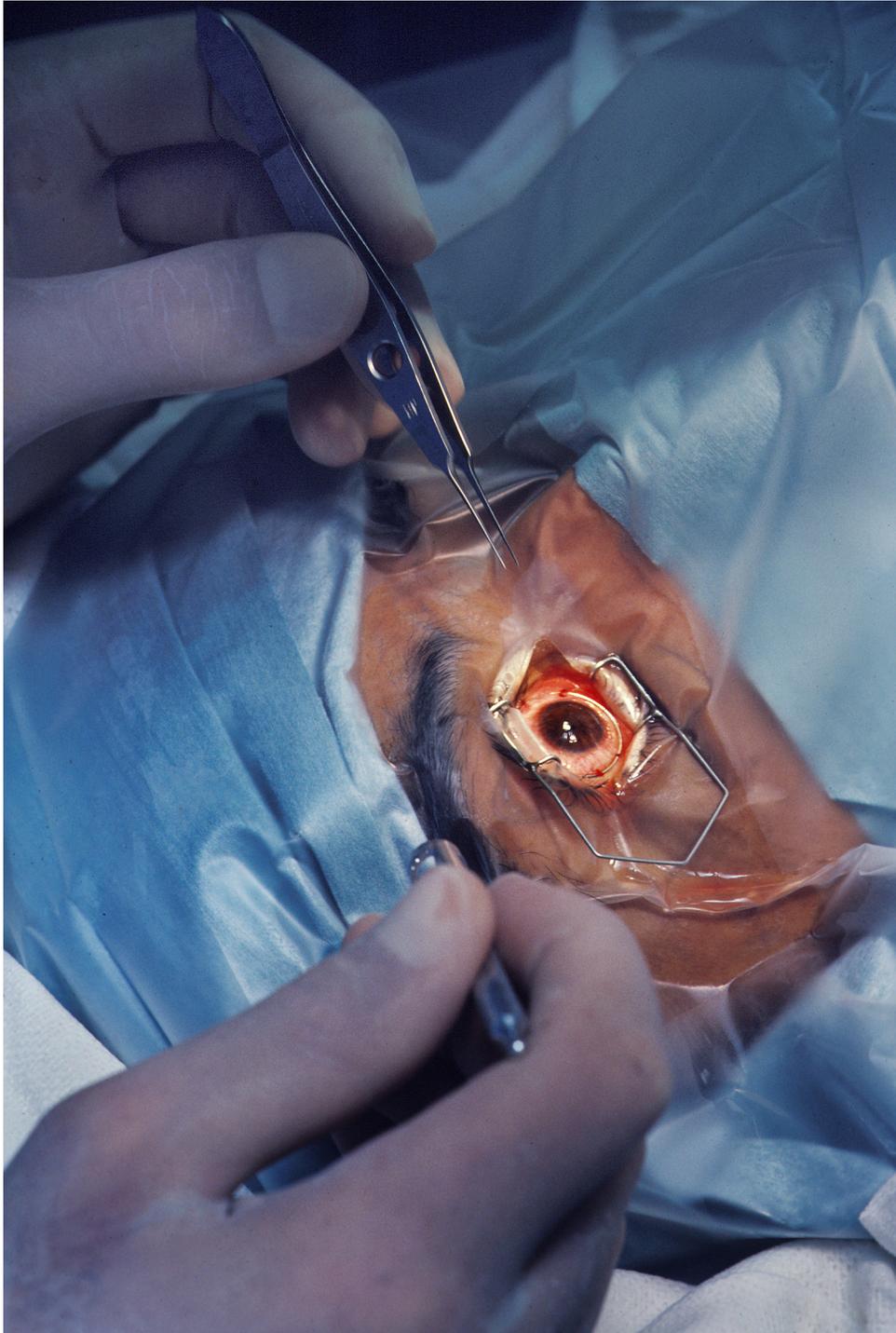
A TV engineer watches the monitors of an ongoing operation. Multiple angles and close-ups of the operation can be seen on different screens simultaneously. These images are watched by the Indian staff members trying to learn the new procedures.

Orbis has developed an excellent system for teaching advanced surgical skills. The plane is equipped with its own television studio. Almost all the operations are microsurgical. Orbis has facilitated the learning process by installing cameras inside the microscopes used by doctors. In this way, the observers see precisely what the surgeon sees. The doctors have microphones built into their masks, allowing them to explain procedures and answer questions during the operation. The studio also makes tapes of all the activities the teams are involved in. These tapes, along with other materials, are then given to the attending doctors, nurses, and technicians for future review and/or study.

The ultimate goal for Orbis is education. Teaching and sharing the knowledge they have is paramount. Orbis prides itself on introducing the latest surgical techniques, healthcare methods, and information, as well as the newest equipment and technology.



When there is not enough room on the plane for everyone who wants to participate, the AV engineer will set up a system, including a television with audio connections, at nearby locations so that no one is left out. He will control this from the studio on the plane.





Patients are slowly brought back to consciousness at the end of surgery.





After an operation, the patient will be moved to the recovery section at the back of the plane.





Once stable and awake, the patient can receive visitors, such as family members, friends, and others. They will then be moved back to the hospital for all post-operative care and treatments.





Patients are escorted down the stairway to transportation that will take them back to the hospital.





As India continues to grapple with the world's largest population of visually impaired people, the collaboration between homegrown public health initiatives and international cooperation seeks to ensure that more individuals are not only treated but empowered—turning temporary cures into permanent change.



This patient had been blind for several years. Orbis doctors restored his sight. As his recovery continued to progress, he was often found praying.

## Richard Falco

For the past thirty-five years, Richard Falco has worked as a photographer, documentary filmmaker, journalist, and educator. He has traveled extensively throughout the world, working on assignments in Asia, Africa, Europe, and the United States. His photographs have appeared in major publications. Clients include *Time Magazine*, *Newsweek*, *Business Week*, *New York Times*, *Life*, *National Geographic Society*, *People*, *Geo*, *New York Magazine*, *Stern*, and *U.S. News & World Report*, to name a few.

There are six published books of his work: *To Bear Witness/ September 11*, *Medics: A Documentation of Paramedics in the Harlem Community*; *Hunger and Rice in Asia*; *Witchcraft: Ancient Traditions Alive in Salem*; *Water, Wild & Light: The Dingle Peninsula*, and *Autumn Madrigals*.

Mr. Falco is the director of the films, *Crossroads: Rural Health Care in America*; *Project Music: Not A Single Dissonant Note*; and *Holding Back the Surge*, and the executive producer of the films *Josie: A Story About Williams Syndrome* and *Dorothea's Tears: The State of Mental Health Care in America*. He is also the editor & chief of *Witness Magazine*.

He has exhibited in the United States and abroad. Exhibitions include International Center of Photography, NY; Corcoran Gallery, Washington, DC; Nikon Galleries, Tokyo; New York Historical Society, NY and others.

He is a winner of the *International Media Award*, a 15-time award winner for *Excellence in Journalism* from the Society of Professional Journalists, and an *Award for Excellence* from the Society of Publication Designers.

This project is a production of

## VISION PROJECT

Vision Project is an organization dedicated to the development of investigative journalism, documentary photography, multimedia, film, and education.

The goal of Vision Project is to produce documentary material and educational programs that encourage understanding and awareness about a broad variety of social issues. This information and programming are made available to the general public with a particular focus on members of the younger generation.

Vision Project seeks to reinforce the social, cultural, and historical impact documentary work contributes to society. To reach these goals, we have assembled a group of talented professionals with extensive expertise in journalism, photography, video, design, web technology, and education.

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