



InSight Peru:

The AAA Peruvian Cataract Project



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MOST WHO READ THIS MAGAZINE, CERTAINLY ALL ALPACA OWNERS AND BREEDERS, CARRY A DEBT.

THAT DEBT IS TO THE traditional owners of the alpaca, the indigenous tribes of South America, who for 6,000 years have been the exclusive custodians of this enchanting and beguiling animal, arguably the world's oldest domesticated species. It is barely 20 years since that privilege was extended to the world at large, when the first shipment of alpacas left the shores of South America, bound for the New World. It is perhaps ironic that their initial destination was North America, from whence their ancestors had migrated just three million years previously.

To the many New World alpaca breeders who now share that custodianship with the Aymaran and Quechuan Indians, and who have visited their homelands, there is a stark contrast to be drawn between the lifestyle, conditions and general expectations of the Old World alpaca farmers and those of the New World.

Mike Safley, US alpaca breeder, writer, entrepreneur and philanthropist, describes theirs as one of the world's most underserved communities. Through Quechua Benefit, a foundation which he established to address that imbalance, he and others have provided food, housing, disaster relief, dental care, optometry, and orphanages to improve the lot of those communities in

the Andes of Peru, and redress that imbalance.

It was not that long ago that 400 of the world's newest alpaca breeders gathered in Darling Harbour, Sydney, to celebrate the establishment of the global alpaca industry in the inaugural World Alpaca Conference, hosted by the Australian Alpaca Association in 2008. That conference was attended by, amongst others, the presidents of seven national alpaca associations, and there was a general acknowledgement that our industry shared a responsibility to return something of

value to the people who had so generously shared their single and most valuable treasure with us. The dilemma has always been exactly how, and with what, we should address that responsibility.

A potential answer to that question crossed my desk in the form of an email in October of 2009. The email was the newsletter of Quechua Benefit (QB), distributed by Mike Safley to a database of alpaca breeders from all over the world. That newsletter said, in part:

There are more than 250 people in the Colca Valley that were diagnosed with cataracts earlier this year at the Amigo's eye clinic, sponsored by the Quechua Benefit, in Chivay. Many of these people are old and virtually helpless, there is little prospect for them to access or afford what is a relatively simple, inexpensive operation. The plight of these people is heavy on Quechua Benefit's heart. It is in front of us. Again, I pray for an idea, or surgeon volunteers, or the name



of a charity, that might help us give these poor old people the gift of sight. Maybe you can help.

Now, it is perhaps appropriate to pause at this point, and to provide a little background by way of explanation as to where this is heading. I am an orthopaedic surgeon: my

expertise is in bone and joint surgery, particularly in joint replacement. I have long thought about the opportunities for providing joint replacements to the elderly and crippled people of the third world, and particularly in Peru, but the cost, follow-up and technological dependence of such services do not render them easily capable of being provided in the context of poor or remote communities.

Cataracts, however, are an altogether different matter. A cataract is an opacity formed within the lens of the eye, usually by changes occurring in the normal water and protein that make up the lens, and which cause the lens to become cloudy. It cannot then easily transmit light into the eye and onto the retina, and produces blurred or obstructed vision much as a scratched lens of a camera causes blurring in the image which it

produces. When severe, and affecting both eyes, cataracts can cause total blindness. They can be present at birth, or associated with a wide range of medical conditions, but one of the most frequent causes is the simple degeneration associated with ageing, a process which is hastened by exposure to ultraviolet light. UV light is partially filtered by the atmosphere, and therefore stronger in the thinner atmosphere of higher altitudes, particularly of the southern hemisphere, such as the Andes, where there is a hole in the ozone layer and UV light exposure therefore more intense.

As a result, there are many elderly people in the Andes who have untreated cataracts which are causing partial or total blindness. In Australia, and many other countries, these would be treated by an operation which removes the lens, and replaces it with a plastic lens. The good news – fantastic news! – is that the surgery is quick, can be done under local anaesthetic and with fairly basic instrumentation, does not require a traditional operating theatre, the lens can be cheaply manufactured and purchased, and the results are outstanding! The restoration of sight has a dramatic impact upon the quality of life for those so treated.

Through the Fred Hollows Foundation, and other similar projects, Australia has established an international reputation and expertise in providing this service to third world countries, particularly in Africa, Asia and the Pacific.

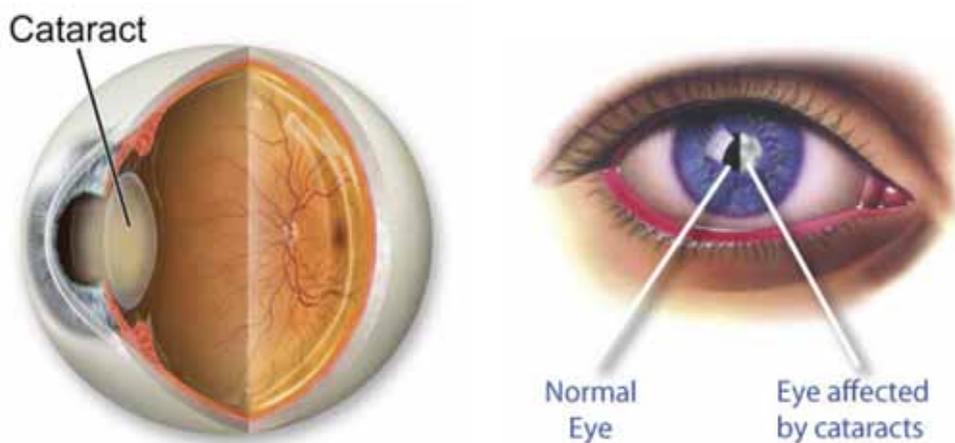
In short, this was something which I believed Australia could easily undertake as a project conducted under the banner of the AAA, with little or no financial commitment from the company, but with the enthusiastic support of various of its members, and some modest administrative support from the head office.

With rising heart rate, and with the realisation that here was a looming opportunity for Australia to offset its social debt, I firstly contacted Mike Safley, and asked whether he would be agreeable to the AAA taking this on as our own project. His immediate emailed response was as welcome as it was unequivocal: *Your email is an answer to my prayers about this project.*

Next, I presented a proposal to the Council of the AAA, combining the Board and the regional presidents, at their meeting in November, 2009, suggesting that we adopt this as a project for the AAA. Once again, their response was one of unequivocal enthusiasm.

Thirdly, I approached Mr Paul Ramsay, Chairman of the Ramsay Health Group, a

Demonstrating the cloudy deposit in the lens of the eye. (below left)
How a scene might appear to a person with a cataract. (below)



global operator of over 100 hospitals across Australia, UK and Indonesia, including the Nowra Private Hospital, where I do my orthopaedic surgery. He and his Board generously agreed to donate the return airfares for a team of surgeons and scrub sisters selected from the Ramsay Group of hospitals to travel from Sydney to Peru and back for the purposes of this project.

Lastly, I approached local Nowra ophthalmologist, Dr Dean Durkin, to help me in putting together a team comprising at least three ophthalmologists, three scrub sisters, one anaesthetist, and support staff for a two week project in May of 2010, all of whom will donate their time and services without charge. I have also enlisted Dean's expertise and assistance in compiling a comprehensive list of the medical and surgical supplies required, and organising the logistics of putting them together. We will be seeking some industry support from medical suppliers for that purpose.

I have advised His Excellency, Claudio De La Puente, Peruvian Ambassador to Australia, and an old and good friend of the Australian alpaca industry, of our intentions, and he has pledged his full support in facilitating this project. He has further reminded me of the previously announced intention of Australia to reopen its embassy in Lima in 2010, and I am hopeful that our team may have some part to play in the process of reestablishing high level consular links between our two countries.

Mike Safley, through QB, has pledged on-ground support and logistic backing in Peru

for our team, which we have dubbed the RAAATs (Ramsay Australian Alpaca Association Team) of Chivay, and has already commenced the preparation of the clinic in Chivay which will be the centre of our operations. The details have yet to be finalised, but we are hopeful of completing 150 to 300 cataract operations in the two weeks which we have dedicated to this project, between May 14 and 28, 2010. If successful, we may look to make it a recurring event, one in which the Australian Alpaca Association can take great pride as an organiser and facilitator.

Readers are encouraged to visit the website of the Australian Alpaca Association at <http://www.alpaca.asn.au/index.shtml> to find more about the progress of this project. Should you feel inclined to add your own contribution to help fund the medical and surgical supplies required for this initiative, you may do so online at the same website and be certain that your donation is committed 100% to that purpose.

Here is your chance to settle your debt, and make a difference! As little as \$10 can help to restore the sight of one fellow alpaca farmer. All donations from Australia will be individually acknowledged and receipted, but collectively accounted for to the Australian Alpaca Association as an industry initiative.

Disclaimer: None of the author, the volunteer RAAATs, or the sponsors of this project, receive any financial benefit, either directly or indirectly, from their contribution to this program.

