

DAVID OLIVER RELIN

#1 *New York Times* bestselling co-author of
THREE CUPS OF TEA

SECOND SUNS

*Two Doctors and Their Amazing
Quest to Restore Sight and Save Lives*



SECOND SUNS



TWO DOCTORS AND THEIR AMAZING QUEST
TO RESTORE SIGHT AND SAVE LIVES



David Oliver Relin



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See You

*This world is blinded by darkness. Few can see....
Become a lamp unto yourself.*

—Siddhartha Gautama, the Buddha, from the last teaching

There is the Nepal of myth, the ice-and-rock realm of Mount Everest, the roof of the world. Then there is the country where most Nepalese actually live. I was still unfamiliar with the other, more earthly, Nepal when I first came to the Khumbu.

I had hiked up to the village of Thame, at twelve thousand feet, with Apa Sherpa. He stood a wiry five foot three and weighed perhaps 120 pounds. Apa's hair was cropped close, and his head was a thing of beauty—smooth and sun-browned like an exotic nut. Looking at him, you'd never guess he was one of the world's greatest athletes. But by the age of fifty, Apa had climbed to the top of Everest twenty times; no one had ever stood on the sharp peak of the earth's highest point more often.

Apa had invited me to Thame to meet his family and gather material about his career in the mountains, hoping that I would write a book about him. I was intrigued, not simply because of his high-altitude achievements but because, unlike many publicity-seeking Western mountaineers, Apa, like most Sherpas, climbed not for glory but to feed his family. He had also dedicated his most recent expeditions to raising money for the schools that surrounded the mountain his people know as Chomolungma, Goddess Mother of the World, and to raising awareness of the toll that global warming was taking on the Khumbu's receding glaciers.

By the time I arrived, the five-room school Sir Edmund Hillary had built in Apa's village was planning to lay off two of its teachers because of funding shortages, which would force the older students to walk six hours each day if they wanted to continue attending classes. And the lower portion of Thame had recently been washed away when a lake of glacial meltwater overran its rim and thundered through the valley where Apa had been raised. His family's home had been spared. So had the house next door, which belonged to the family of Tenzing Norgay, the first person to step onto the summit of Everest, alongside Hillary, in 1953.

Apa Sherpa had taken advantage of his prominence as a mountaineer to move his family from Nepal to suburban Salt Lake City, where his three children could count on a quality education. But his American dream hadn't panned out as he'd expected; Apa's attempt to create a line of outdoor clothing had crash-landed shortly after its launch. When he emailed me to introduce himself, he was working in a metal shop, stamping out road signs for Utah highways. Apa wasn't bitter. He described his achievements on Everest with such matter-of-fact modesty that I agreed to accompany him to Nepal on his next expedition.

As the stone and ice immensities of the Himalaya thrust into view around every twist

the trail, Apa led me over swaying suspension bridges and up steep rock staircases with effortless grace. And as we traveled together, he proved to be one of the kindest people I ever met. Whenever my breathing became ragged, he'd put a hand on my shoulder. "Slowly, slowly," he'd say, guiding me to a seat on the nearest stone wall or to a bench at a tea house where he'd pretend that he, too, was anxious to rest.

At altitude, the air was beautifully crisp, the peaks fairy-tale white. The sky draped over the low stone homes of Thame was the unblemished blue of tourist brochures. Each morning I'd wake to the gentle alarm of yak bells. Cocooned in my warm sleeping bag, I'd open my eyes, peer through puffs of my breath, and watch wood smoke from breakfast fires drift across low stone walls that divided pastures from potato fields. On one side, shaggy black pack animals foraged for grass shoots with delicate lips. On the other, slender plants angled toward the sun, pale green with new growth.

I interviewed Apa's elderly mother as she spun her prayer wheel and kept my tin mug of butter tea topped up. I also spoke with Apa's climbing partners, brothers, aunts, uncles, and cousins. I was so enchanted by Thame that I lingered there for several days, resisting the conclusion that was becoming as clear to me as the air above the village: that writing a book about a man climbing the same mountain twenty times, even the world's highest mountain, even for admirable reasons, was not something I could do well.

Apa was preparing for another attempt on Everest, and though I protested that I could find my way back down the trail to the airstrip at Lukla, where I planned to catch a small plane to Kathmandu, he insisted on accompanying me for the three-day trek. His middle-aged sister-in-law served as our porter, carrying, by a strap balanced across her broad forehead, the expedition bag I could barely lift. And with each step closer to the world of cities, with each foot of altitude lost, I felt more acutely how lucky I had been to get a glimpse into the life of this gentle man, and how much I regretted failing him.

Apa left me at Lukla. I promised that when he returned from Everest, we'd hold a fundraiser together for the Thame School, which we managed to do a few months later. And I delayed telling him about my pessimistic view of the book's future. I didn't want him carrying that disappointment on his way back to the top of the world.

I spent a day sitting on a foggy airstrip, feeling like I'd been cast out of a kind of paradise waiting for a window to open in the weather so a Yeti Airlines propeller plane could land. Dreadlocked European trekkers lounged against their backpacks, smoking hash or playing hacky sack on the empty runway, killing the hours. Sheets of fog blew by like possibilities blanketing all of us in gloom, or opening narrow boreholes that revealed the snowfields of the high peaks, hinting at and then denying the splendor that surrounded us. The runway tilted steeply downhill, and everything felt out of balance. Though I was looking up whenever I got a glimpse of clear sky I felt I was staring down into the ice-blue depths of a glacier.

The sight of those mountains made me think of a promise I'd made to another climber.

I'd met Dr. Geoffrey Tabin late one night the previous winter, in Utah. He approached me in the ballroom of the Cliff Lodge, at the Snowbird ski resort, after I'd given a lecture. Tabin waited until the crowd thinned out. Then he pounced. He told me about his considerable achievements as a climber, which included scaling the Seven Summits, the highest points of each continent. Before inviting me to dinner the following evening, he spoke of his current

passion, working with a Nepalese surgeon named Sanduk Ruit to cure blindness in the developing world. Tabin was as tenacious and outgoing as Apa was modest and reserved. I agreed to join him for a meal only because he made it nearly impossible to say no.

We met for Mexican food the next night in Salt Lake City, where Tabin works, when he isn't overseas, as director of the International Ophthalmology Division at the University of Utah's Moran Eye Center. Or, rather, I watched as the bundle of nervous energy that is George Tabin ticked in his seat like a time bomb and told implausible stories that turned out to be true—he really had been part of a group of adrenaline addicts at Oxford University who invented bungee jumping—while inhaling all his food and half of mine.

“A lot of climbers get all weird and competitive,” Tabin said, his voice high-pitched, his cheeks bulging with *carne asada*. “I try to take the golden retriever approach to life. Try to be friendly to everyone. You get more done that way.” I could see, even then, that he was more terrier than retriever. Tabin is compact, thickly muscled, and has a habit, once he gets something in his teeth, of not letting go. We spoke of my upcoming trip to Nepal with Apa and he urged me to look in on his partner in Kathmandu if I had a few hours free. He said proudly that Tilganga, the eye hospital Dr. Ruit had built, was the finest medical facility in Nepal, an assembly line turning out minor miracles of healing. He assured me I'd find Ruit fascinating, if a little intimidating. Tabin's enthusiasm was infectious, but I couldn't escape the sensation that I was becoming lodged in the terrier's teeth.

On the airstrip, I waited seven hours with no sign of an arriving plane. Lukla is one of the world's most dangerous airports, and closures can last for days. Six months after I left, in similar weather, a Yeti Airlines Twin Otter crash-landed just short of the runway, killing two crew members and all sixteen passengers. Toward dusk, I was losing hope when a chartered helicopter touched down to pick up United Nations staff, and I was able to buy my way onboard.

We flew low, beneath the clouds, tracing the contours of the land. For me, Nepal was Kathmandu and a collection of snow peaks. But as we floated slowly down toward the capital, I saw that the barren, brick-colored hills in between were densely populated. Every slope, no matter its pitch, seemed to have been stripped of trees for cooking fires and sculpted into terraced fields. I observed small figures, bent to their labors, working to drain nourishment from depleted soil. Far below, rust-colored runoff from eroded hillsides pooled like blood where it met what had once been unspoiled mountain streams, staining them with evidence of overpopulation.

With my head leaning against the helicopter's scuffed window, I felt deflated, as the boom I'd come halfway around the world hoping to write receded into the fog like the high peak of the Himalaya. Dipping beneath storm clouds, we passed over the hill dwellers so close that I could see our rotor blast ruffle their mud-spattered clothes. But they rarely looked up at us, and I had a peculiar sense of disconnection—that the six of us gliding over their heads in our aluminum capsule were living not only in a different world but in a different century.

Sullenly, I watched the poverty of the mid-hills slide past my window. The thatched huts fastened by pillars of felled trees to denuded hilltops, the men hacking terraces from the dirt with hoes, the women carrying water up from fouled streams that trickled an hour's hike beneath their homes, the underfed cattle and skinny dogs—all of it scrolled by like a documentary I didn't want to see. I couldn't know then how much of the next three years I

be spending in that landscape, that the brick-red soil of the mid-hills would seep into my clothing and flesh and stain the way I saw not only Nepal but the world.



The air down at four thousand feet felt hot and wet. With each breath I was aware of dense, slow-moving, and rotting vegetal decay. Despite its powerful engine, our Land Cruiser crept along, averaging only about twenty miles an hour on the road from Kathmandu to Rasuwa. The drive had looked like a simple matter on the map I'd studied before setting out. But after hours of crawling first through maddening city traffic, then up a switchback road that climbed out of the smog-filled bowl of the Kathmandu Valley, we were still only beginning our journey, on a long, grinding descent to the Trishuli River.

Our driver, La La, and his young assistant took turns twisting every knob and dial on the dashboard. They had yet to master the operation of the air conditioner, so the windows were always open to the scent of manure baking on the steep, terraced fields, and rotting plant matter where the jungle had not yet been slashed and burned. "This vehicle is brand-new," La La said cheerfully. "Only fifteen days, actually. A lot of the controls is unknown!"

I was sitting in the backseat, next to Sanduk Ruit. Up front, Ruit's wife, Nanda, leaned her forearms on the windowsill, her blue sari bright against the brown hillsides. Next to her sat one of their daughters. At seventeen, Serabla clearly asserted her status as a modern, emancipated woman. She wore Levi's, running shoes, and a track jacket.

"Not a bad way to travel, eh, Mommy," Ruit said to Nanda, who nodded dreamily. The white Land Cruiser had been a gift from a Chinese Australian donor, and Ruit was clearly delighted by it. "When we began these remote surgical camps, we used to ride on the tops of minibuses with all our cases of gear, isn't it?"

Each blind turn down the mountain road took me farther from the wood-fired pizza and a glass of wine at an Italian restaurant I'd been anticipating in the capital, a small reward I had been promising myself to dilute the taste of my failed trip to the Khumbu. But when I met Ruit, at Tilganga, he was preparing to leave immediately for a rural area, to perform free cataract surgeries, and, impulsively, he invited me along. I had no sense of Tilganga's merit as a hospital yet, and didn't have a handle on Ruit either, but Tabin had been right about at least one thing: Sanduk Ruit was intimidating. He held his large, craggy head high over his barrel chest, and a thatch of thick black hair sat on top of his scalp like a heavy woolen hat. And though he was affectionate with his wife and daughter, he spoke to me gruffly. In brief sentences. Without meeting my eyes.

Ruit was treating our conversation like an interview, so I took out my notepad and conducted one. "We'll be operating for three days," he explained. "With luck, we'll see two hundred cases."

"Why are we going to Rasuwa?"

"Because there are blind people there," Ruit said, without a trace of humor.

"But why Rasuwa particularly?" I asked, trying to keep the frustration from my voice.

Ruit exhaled, his eyelids lowered, indicating the effort it took to answer such an obvious question, and then he began to lecture. Rasuwa was one of the poorest regions of Nepal. The Tamang people who lived there were mostly subsistence farmers. Their lands were scattered unprofitably apart from the commercial center of Kathmandu, to the south, and the tourist

magnet of the Khumbu, to the east. Ruit said he had conducted half a dozen free surgical camps in the area and still he was just draining an ocean of need, one teaspoon at a time. “The Tamang of Rasuwa are the most downtrodden people on earth,” he said. “Also the most deserving.”

I was weighing Ruit’s words when La La jammed the Land Cruiser’s brake pedal to the floor. A large Indian-made Tata bus, swinging wide around a hairpin turn, was bearing down on us. On its roof, dozens of wide-eyed passengers clutched goats, lambs, and children to their chests, bracing for impact as the bus’s brakes shrieked. The psychedelic-colored snout of the Tata drew closer, filling our windscreen completely. I could see, in slow motion, the silver T-shaped hood ornament homing in on us like the nose cone of a missile ... and then the squealing of the Tata’s brakes went silent ... and though only inches separated our bumpers, we were still intact. Flanking the Tata logo, someone had painted carefully, in flowing scarlet letters, “See ... You.” As in See you again? I wondered, or See you in the next life? Both the Buddhists and the Hindus of Rasuwa believed, firmly, in reincarnation.

La La ground the gears, searching for reverse, then eased the Land Cruiser back, until we were pressed snug against a trash-strewn hillside, so the bus could pass. It inched forward, blowing hot diesel exhaust through our open windows. “Are you all right, my dear?” Ruit asked.

I presumed he was speaking to Nanda, until I realized he was examining me with the concern of a physician for a troubled patient.

“Sure,” I said, shaken. “We’re still here.”

“We’re always here,” Ruit said, laughing. “But some conditions of existence are more painful than others.”

Our brush with impermanence seemed to warm Ruit toward me, and to the task of telling me the first few strands of his story. He was born in Olangchungola, a village built at ten thousand feet, near Kangchenjunga, a towering white wall in eastern Nepal, the world’s third tallest mountain. Ruit’s father was a trader, leading horse and yak caravans to Tibet, bringing paint and rice and ready-made clothing up from the plains of India, and carrying yak-hair blankets, preserved meat, and salt down from the high plateau.

Olangchungola had no schools, so at age seven Ruit was sent away to study in India. “I knew that being a backward fellow from the mountains, you see, I had to work hundred times as hard to prove myself,” he said as we rolled past fields of Tamang women in bright red head-scarves, stooping to plant rice, shoot by shoot. Ruit worked hard enough to earn a college scholarship and gain admission to one of Asia’s top medical schools.

We crossed the Trishuli, where another brightly colored Tata bus was parked in the shallows, the slow-moving current brushing its axles. The crew, stripped to their undershorts, flung buckets of tea-colored water against the dusty sides of the vehicle, washing it, while the passengers looked languidly out the windows or squatted on the hot metal roof, clutching their bundles, with a patience I found heartbreaking, a patience I could never quite muster, no matter how often I found myself in places where it was required.

Despite the trickling river, or perhaps because of its meagerness, the entire landscape looked scorched. Tamang women beating clothes against distant rocks blurred into points of color in the heat haze. And when we began to climb on the far side of the river, La La managed to raise the power windows only after we were all coated with a fine brick-colored

dust. Up this dirt track on the other side of the river, into the parched hills of Rasuwa, the Land Cruiser bucked from side to side, crawling over boulders half the height of our tires. Every leaf, every twig along the roadside was filmed with red-brown dust. We rolled at a walking pace, pressing our hands against the ceiling to stay in our seats.

The hours passed as we climbed, and I was lulled into daydreaming, staring at the houses of scavenged tin, the skimpy vegetable gardens hacked clear of bristling jungle, and brown cows tethered to posts by the more prosperous-looking homes. I thought about the endurance required to survive in a place like this. But where would you find the drive to do more than that? How much will and how many unlikely factors would have to line up, I wondered, to launch a boy from one of these homes to the frontier of medical innovation?



Wound Construction

When facing two paths, if you are strong enough, always choose the hardest one.
 —Nepalese proverb, repeated to Sanduk Ruit by his father, Sonam

I woke, rubbed the dust out of my eyes, and studied the soldiers blocking our way. The Kalashnikovs were slung over their shoulders. They wore fatigue pants, blue windbreakers with red ironed-on hammers and sickles, and plastic shower sandals.

When Ruit rolled down the tinted window and showed his face, they stepped respectfully aside and opened an iron gate. After the solitude of the road, we pulled in to the courtyard of a concrete building where a crowd of expectant patients had gathered. Ruit said we had arrived in the village of Kalikasthan, at the heart of the Rasuwa District. I saw no buildings other than the one in front of which we parked. Rugged dirt trails led away from it into sparse eucalyptus and pine forest. The two-story cinder-block structure was a gift from Seventh-Day Adventists who had built it as a clinic, Ruit explained. The Maoists admired the solidity of the construction. They waited until the builders hung the fluorescent lights, bolted dentist's chairs to the concrete floor, and installed Western toilets. Then they liberated the building by force and turned it into a makeshift military post.

"The Maoists have a bad reputation, yet they're not so unreasonable," Ruit said, climbing out of the Land Cruiser. "They don't like religion. But they appreciate architecture."

A few months earlier, being an American in Rasuwa might have been awkward, because the Bush administration had branded the Maoists terrorists after 9/11 and had supplied weapons to the government they were trying to overthrow. But while I was with Apa, Maoist candidates had successfully appealed to the long-suffering majority of the Nepalese people and swept the national elections. They'd fanned out across the country, even appearing in the high villages of the Khumbu on foot, carrying microphones and speakers powered by car batteries, and had given fiery speeches promising the 81 percent of the country's citizens who labored as subsistence farmers a better life if they were in charge. Though they'd yet to hammer out the fine points of governance, the Maoists now ruled Nepal. What had started as an armed rebellion to free peasants from a powerful and wealthy Kathmandu elite now had reinvented itself as a national party capable of improving the lives of the poor. Perhaps that was one reason why they'd allowed Ruit to turn their military post into a temporary eye hospital.

Ruit left to scrub for surgery, and I picked my way through the crowd of women in red and orange saris and men in *topis* and turbans, gripping hand-carved canes. On the unlit second floor I found Ruit's advance team hard at work processing a long line of patients, who shuffled forward with varying degrees of vision. I saw not only elderly people but children as young as five, their arms extended for balance, slowly groping their way along.

In wealthy countries, cataracts, the clouding of the clear lens of the eye, typically affect older people. But in the developing world, poor nutrition, exposure to unfiltered ultraviolet rays, and the numbing range of physical traumas afflicting those who live at the subsistence level, compounded by a lack of basic medical care, all combine to make cataracts the leading cause of preventable blindness among the world's poor. That was who filled the second floor of this temporary hospital: the world's poor. The line of patients inched politely onward, oblivious to any Western notion of personal space, the chest of one person pressing into the bony shoulder blades of the next. The cloying smell of body odor and infection clung to many of the patients like the patched and sun-faded clothing most of them wore. Their battered hands and feet were maps of hardship. Though most had walked hours on rocky trails for the right to wait in this dank cement room, many were barefoot.

As they cleared the line, Ruit's staff prepped each patient for surgery. A female medical technician gently trimmed eyelashes with a pair of tapered scissors. Others simply scrubbed Rasuwa's red dust from patients' faces.

Beside a door leading to the operating room, a small video monitor sat on the floor. On the screen, with a clarity I hoped the visually impaired patients couldn't discern, a crescent-shaped blade pierced a large, unblinking eyeball.

The Nepalese waiting their turn beneath that blade stared calmly at the screen for a moment or two at a time, or chatted with their neighbors. Ruit told me that when he began working in rural Nepal, more than two decades earlier, rumors that he practiced enucleation—that is, removing the entire eyeball—had frightened prospective patients away. "I put the monitor there so my trainees can watch, but also because it relaxes the patients," Ruit explained. "They see that cataract surgery is in fact a very simple procedure, and they know what to expect."

I squatted next to two boys, nine and thirteen, who couldn't be anything but brothers. They were both squinting at the monitor and leaning their heads together while the younger boy, whose cataracts were less mature, described the surgery. With Ruit's daughter Serabla translating, I asked them their names and ages. Birbahadur, the thirteen-year-old, interrupted to ask why we weren't speaking Nepali.

"You see, his cataracts are so advanced he can't tell you're a foreigner," Serabla said.

Voices raised in alarm drew my eyes to a thin, stooped woman wearing a ginger-colored silk blouse and a long, pink floral *guneo*, clothes noticeably finer than most of her peers', who stumbled as she was called to the eyelash station. She clutched at the air in front of her wildly and would have fallen if her husband hadn't rushed to steady her and lead her carefully across the room. The woman walked with the painful, jackknifed posture of someone with osteoporosis and clutched his arm like a life preserver.

Her name was Patali Nepali, she said, inclining her head in the direction of my voice. Her hair was long and dark, silvered with age, and tied back neatly with a ribbon. I looked into her eyes. She would have been beautiful if not for the pale, milky orbs the size of marbles where her irises would have been. I could see myself reflected on the blank surface squatting in front of her. She wore an orange *tikka* at the center of her forehead, which Hindus believe stimulates the growth of the third eye. Certainly, her other two weren't doing her much good.

Wheezing asthmatically as she spoke, Patali said that she came from a village well over a

hour's walk away, in a range of hills visible to our west. I'd assumed she was elderly, but she told me she was fifty-six and had spent most of her life as a seamstress. She'd worked until a year earlier, she said, her skills steadily deteriorating, until she was forced to admit she could no longer see well enough to sew. With the family reduced to one income, they tried to live on her husband's earnings as a woodcutter and hired laborer; they were Damai, members of one of the lowest, the untouchable castes, and owned no land themselves. They'd been forced to sell off many of their possessions, including their only cow, to feed their five children.

"This last year," Patali said, "I can do nothing useful. My own children have to wash me like a child. So we have been hungry. I eat only in the morning, but still there is never enough for my family."

A few weeks before our conversation, their eldest son, a seventeen-year-old on his way to Kathmandu to look for work, was injured in a bus accident. He'd been riding in the cheapest seat, on the roof, when the bus collided with a cement truck. Her son was more fortunate than some. He was thrown clear of the wreck but broke both his legs. "I was obliged to sell the last fine thing in my home to pay his medical bills," Patali told me. "My sewing machine."

I asked her husband how he had brought Patali to Rasuwa. "We took a taxi," he said. I realized how few vehicles I'd seen on the climb to Rasuwa and wondered if a village tucked even farther into these hills was reachable by road. "Basket taxi," he said, laughing, pointing to his strong woodcutter's back. "I'm the taxi!"



Ruit's team had done their best to turn a filthy military post into a sterile operating theater. They'd slit open black plastic trash bags and taped them over broken windows. Next to extinct fluorescent fixtures, bare lightbulbs hung over the two operating tables from extension cords cleverly taped to the ceiling. Cables snaked past medical equipment crowded into the room, toward a generator outdoors. The generator also powered the most critical equipment, two Zeiss surgical microscopes that had been delicately transported from Kathmandu.

Behind a mask, in a green gown and white latex gloves, Ruit seemed even more intimidating. But when he saw me, he waved me over warmly. "Come here, stand beside me and David," he said. "This is a rather challenging case." I stepped over a tangle of cables and balanced behind Ruit's left shoulder, my feet pressed together on a small patch of clean concrete, between a rusty fan plugged in to a power strip with bare wires and a bucket full of blood-soaked things I didn't want to look at too carefully.

I tried to meet the one functioning eye of the elderly-looking man on the table, but he couldn't see me. He was thin and grizzled and wore a necklace of heavy amber beads smoothed by time. In one socket, only a scarred blue-white mass remained from a youthful farming accident. The other eye was blinded by a large cataract. When I read his chart, I learned that Thulo Bahadur was fifty-two, another lesson in the way hardship can sculpt human features. Ruit asked me to remove the man's orange-and-pink cotton *topi*. When I did, I saw how rarely, except to sleep, he must have taken the cap off. The skin on Thulo's forehead was several shades lighter than his browned and deeply lined face.

I've always loved watching any physical task performed flawlessly. I'm mesmerized by

gas station attendant who can clean a windshield with precise, confident strokes, or woodsman capable of splitting firewood with a single clean blow. But Ruit was in another class altogether. He painted bright orange sterilizing solution briskly around the man's right eye, propped the lids open with a wire speculum, and whipped a surgical drape over his head, leaving the large cataract exposed through a perfectly aligned hole. As he delicately lowered the lens of the Zeiss and picked up his crescent blade, I felt a shiver of appreciation for the grace and economy of his movements, the flawless choreography of his instruments in motion.

Ruit beckoned me forward and encouraged me to watch the surgery on a monitor connected to the microscope. I leaned forward to look. Through the high-powered Zeiss, the moon-bright cataract, orbited by a faint ring of translucent cornea, looked more like a planetary body than part of a human. "This is a very, very, very large cataract," Ruit said. "This fellow would only perceive light and no light, but no forms. So we'll just get it out of the way."

Ruit urged the point of his blade gently upward into my field of view, piercing the outer surface of the eye, which flexed before tearing, and then carved slowly, from side to side, expanding his point of entry. "This is the wound construction," Ruit murmured. "I'm actually making a tunnel. You must make the passageway large enough to deliver the nucleus. The nucleus is like the yellow of the boiled egg, you know?" When he was satisfied, he inserted a Simcoe cannula, a combination probe, suction, and irrigating device. With the tip of the probe, he separated the spherical, cloudy lens of the eye from the filmy capsule that enclosed it. And using the cannula to direct a jet of sterile fluid at the orb, he succeeded in loosening the cataract until it spun in place, like a marble ball on a decorative water fountain. "This," Ruit said, with the reverence of a Buddhist monk chanting morning *pujas*, "is the 'hydrodissection.'"

"But now comes the little bit tricky part. Normally I would make a slightly smaller wound, but this fellow's cataract is so ..." he trailed off in mid-sentence, concentrating. I would come to know these silences, and the difficult tasks they enveloped, intimately. Ruit fed the cannula back through the wound. It was scored with fine textural lines, like a file, allowing him to grip the cataract's smooth surfaces. He worked it under the cataract in tiny increments that seemed too precise for human hands to direct. He was humming, something catchy and minor key, unmistakably a tune from the subcontinent, perhaps from a recent Bollywood film.

When he had caught the cataract with the probe, he drew it slowly into the wide end of the funnel-shaped wound. I saw the clear tissue along the pathway bulge as he urged the cataract through the narrowing tunnel he'd designed. Ruit stopped humming, and I could feel him holding his breath as he coaxed the cataract completely out of the wound, which puckered and shut after delivering the hardened tissue into the humid air of the operating room. "Perfect," Ruit said happily, gathering the cataract in a fold of gauze and flicking it toward the bucket at my feet. "But he won't be able to see until we insert an artificial lens."

While prepping patients for surgery, Ruit's technicians had measured the shape of each person's eyes with a device called a keratometer, so he could insert a lens of the correct power, a lens that would ensure that the patient's vision was as precise as possible after the cataracts were removed. A nurse held out a small plastic tray, and Ruit plucked an intraocular lens about the size of a child's fingernail from it with a miniature set of forceps. He slid

briskly through the wound until the lens was centered under his patient's dilated pupil. When I leaned forward to look at Thulo Bahadur's eye, it appeared clear and clean as a freshly washed window.

"So this is what we're calling sutureless surgery," Ruit said, the pride in his voice unmistakable. "The wound will seal itself and heal without stitches. And tomorrow the patient should see very, very well."

As Ruit folded and discarded the surgical drape, and the nurse taped a plastic eyecup over Thulo Bahadur's repaired eye, I glanced at my watch. The entire operation had taken seven minutes. For an unusually challenging cataract surgery. Seven minutes to restore a man's sight. My spine tingled like it was connected to the generator.

I watched a dozen cases more, some lasting only four or five minutes, until the patients were led away to a recovery room by Maoist soldiers who'd been assigned to help. Ruit handled his instruments with such ease and precision that the surgery began to seem simple, something that anyone, even I, could attempt. Then I stood behind the room's second operating table, observing Dr. Kim and Dr. Kim, two North Korean surgeons Ruit was training to bring his method to their banished country. Their instruments jerked and sawed with such relative violence that I could barely stand to watch. When they finally completed their single case, more than forty-five minutes after they'd started, I leapt at the chance to find a few breaths of fresh air.

By mistake I walked through a door that led not outside but into a room as hot and wet as a sauna. On a table cobbled together with two sheets of carpet-topped plywood and supported by cinder blocks, four patients were lying on their backs, receiving injections of local anesthesia, waiting for surgery. Along the opposite wall, two autoclaves, which I mistook at first for huge cooking pots, hissed and rattled over propane rings of flame, sterilizing surgical equipment.

Into this steam room, an unsteady Patali was led by her husband. Patali's thin legs were shaking, and I had Serabla ask him if he wanted me to find some food for his wife. "They already gave us dal and such," he said cheerfully. "Today, she is not suffering hunger, only fear."

Fortunately, Patali couldn't see the anesthetist's long needle as it approached her eye. After she felt the sting, her hands fluttered and twitched at her sides, like sparrows trapped inside the building. "I have to go!" she cried toward the spot where her husband had been standing, but nurses had already shooed him back to the waiting room.

"I think you should stay," I said, taking one of her hands. It felt tiny and cold despite the heat from the autoclaves. "Tell her Dr. Ruit is a good surgeon," I said to Serabla. "Tell her that when the bandages come off, she'll be able to see her children again."

On the operating table, Patali clutched my hand throughout the surgery on her left eye. Five minutes later, when I helped her sit up and repositioned her so her right eye faced Dr. Ruit, she was calm enough to release my hand. I stepped behind him, skirting the bucket now brimming with medical waste. Ruit had removed his hiking shoes, and his wide, bare foot lay on the pedal of the microscope, controlling fine focus. As he set to work on Patali's second eye, I leaned forward to watch, my fingers resting lightly on his shoulder.

"Don't touch me!" he barked.

I jumped back, accidentally kicking the microscope's power cord out of the socket.

“Daayviid,” Ruit said, his voice now low and sing-songy, the voice of someone calming a startled animal. “This lady would like to see out of both eyes, eventually. Do you think you might be good enough to plug my microscope back in?”



On the roof of the temporary hospital, Ruit’s team had set up camp. Six tents were duct-taped to the concrete, lines of drying surgical scrubs hanging between them. Exhausted nurses and technicians sprawled on sleeping bags or darted inside to change into jeans and T-shirts. The esprit de corps of Ruit’s team was obvious, and I was struck by the confidence of the professional women, compared with the meekness of most of the female patients I’d met. At dinner, one particularly sassy scrub nurse wore a tight T-shirt that declared, in bold letters, SHUT YOUR MOUTH WHEN YOU TALK TO ME.

I sat inside a low, open-ended mess tent across a camp table from Ruit, beside three Chinese Australian donors who’d come to determine what sort of investment they were getting for their money. I mopped the last of my dal and *aloo gobi* from a metal plate with my second freshly baked chapatti. Ruit swallowed his last bite and sighed contentedly. “It’s important,” he said, “to feed your army really, really well.”

The crowns of eucalyptus trees rose just above the roofline of the building, stirring in the slight breeze. They flavored the dusk with herbal currents. Once it became fully dark, the cook’s assistant removed our plates and replaced them with candles, which lent the glowing interior of the tent substance, separated it from the dim evening air.

The two North Korean surgeons were both named Kim, but they couldn’t have been more different. One was small, shy, and bespectacled. The other was strapping, outgoing, and as handsome as a soldier on a Soviet-realist propaganda poster. When I was introduced as an American journalist, they found an excuse to slip out, and returned a few minutes later properly equipped. They had each fastened a pin depicting Kim Jong Il, the “Dear Leader,” to their shirts.

Ruit reviewed the day’s surgeries with them, drawing diagrams of the interior chamber of the eye on a page ripped from my notebook. He had performed forty-four perfect surgeries over the course of the afternoon. Between them, the Kims had struggled to complete several. “The secret,” Ruit said, sketching the ideal wound construction, “is to go slowly, slowly, slowly until you’ve mastered the technique, you see. You’ll need to do about two hundred cases each before you really get the hang of it.”

“How many cases have you done?” I asked. “More than two hundred, I imagine?”

“Oh, a few more,” Ruit said, reaching for the bottle of rum he’d brought from Kathmandu.

“By his own hand, more than eighty thousand,” said Nanda, the keeper of her husband’s flame. The scale of what Ruit had achieved and what he was attempting struck me then, for the first time. One man had already restored sight to the equivalent of a football stadium worth of people. Yet more than one hundred million people around the world who needed an ophthalmologist’s services were still waiting. Beneath us, sleeping on mats in a recovery room, were fifty-one people who, if all went well, could no longer be counted among the number tomorrow. And when the Kims returned to North Korea, they would bring Ruit’s technique with them and pass it on to their colleagues in one of the world’s most isolated places. He was seeding not only Nepal and North Korea but much of the poorest ground

Asia with enthusiastic young surgeons like Kim and Kim. It was visionary.

Ruit poured a healthy splash of rum into each of our mugs, neatly quartered a bowl of limes with a sharp knife, and squeezed fresh juice into each of our drinks. Then he raised his mug. "What we do is hard," he said, with something like glee. "If it was easy, someone else could do it." Everyone sipped the citrusy rum, and we traded toasts in the half dozen languages of those assembled around the table. The Kims looked elated. The breeze picked up. Guttering candles threw sparks of light off our tin mugs, onto the canvas walls of the tent, and I felt something rare, something important, being kindled.



Early the next morning Ruit looked fresh in a crisply ironed white polo shirt and black trekking pants. Though we'd had only a few hours of sleep, he practically skipped, clear-eyed toward another long day of surgery.

The fifty-one postoperative patients were gathered in a courtyard bordered by low stone walls, waiting with bandaged eyes, squatting on packed dirt with the same heartrending patience as the bus passengers stranded in the slow-moving Trishuli. Ruit conferred with his camp logistics manager, Khem Gurung, making sure the day's new cases were properly organized. Khem was one of the dozens of younger, clean-cut medical technicians who cheerfully endured the hardships of traveling and working with Ruit.

"I have to eat something and scrub in," Ruit told me. "Stay and see these bandages come off. You might find it interesting."

The day had a peculiar yellow cast. Shafts of storm light broke through scudding clouds to pick out individual potato and turnip fields on the laboriously terraced hillsides, and many certain stands of scrub pine smolder like they were about to ignite.

Patali had dressed for the occasion in a style befitting a master seamstress. She wore a crimson-colored silk blouse of her own design, and she had brushed her long black hair so thoroughly before tying it back with a matching silk ribbon that her silvered strands looked like reflections rather than evidence of age. Her husband waited outside the courtyard with the other family members, leaning anxiously over the stone wall. He murmured something reassuring, and her head tilted toward his voice like a plant tracking the sun's passage.

Ruit's team didn't wear uniforms. Most of the male staff favored polo shirts, like the leader. But what set them apart was their brisk efficiency, movements that must have been modeled on Ruit's. Khem Gurung's shirt was lime green, and his manner with patients mirrored Ruit's almost exactly. Khem knelt to peel off the first patient's bandages, then examined his eyes in the bright beam of a handheld slit lamp until he was satisfied that the surgery had been a success. Thulo Bahadur blinked in the sunlight. Then he began to laugh.

"How many fingers am I holding?" Khem asked.

"Two," Thulo said, wagging his head dismissively, as if insulted to be asked such a simple question. "Two fingers. I can see that perfectly well." He looked across the courtyard, past the fifty other bandaged patients, toward the stand of eucalyptus; then his eyes focused on the battered cane he held clutched in both hands. He pulled himself up by it until he was standing and dropped the stick in the dirt by his bare feet like something unclean.

Nurses followed Khem down the line of patients, handing out eyedrops and instructions for keeping the wounds clean until they healed. The two young brothers squatted, stunned and

motionless, after their bandages came off. Then Birbahadur saw his mother, a worn-looking woman in a red head scarf and heavy brass earrings, waving outside the wall. He waved back at her shyly. She covered her mouth with both hands and burst into tears.

I squatted in front of Patali with Khem. Ruit's initials had been neatly printed on her bandages with a felt marker. Khem peeled both bandages down until the blue plastic cups that had covered her eyes were dangling from her cheekbones. Patali blinked and blinked and didn't react at all. Her eyes were deeply bloodshot, and I feared the surgery had been a failure. Then her mouth widened into a grin at the vision kneeling before her; a sweat-soaked unshaven foreign journalist pointing a camera at you can't be the most inspiring thing to see at the moment you regain your sight. But she didn't seem to mind.

"If you can see clearly, why don't you touch his nose," Khem said.

Patali reached out with her forefinger and placed it squarely on the tip of my nose. All three of us laughed when she found her mark. "Wait," I said, scrambling over to her husband. I put out a hand and helped him over the wall. He squatted beside his wife and straightened his plain brown *topi* on his head. Patali studied his lined face.

"So, how does he look?" I asked.

"The same," Patali said. "Still handsome." Then she threw her thin arm over his solid shoulder. I watched Patali take in the world surgery had returned to her. I saw her gaze alight on a distant ridgeline, where a shaft of morning sun brushed the tips of terraced hills with a warm caramel color. They were only the dusty mid-hill ranges of Nepal, one of the poorest vistas the country could conjure, but she looked toward home as tenderly as Annapurna Sherpa had during our trek when we'd crested a ridge and he'd first sighted the distant summit of Everest. "Oh," she said, leaning against her husband, smiling fully for the first time since the bandages came off, "Look at the hills! Do you see how they shine?"

I watched Ruit's staff perform a few dozen small miracles more. The oldest patients seemed the most overwhelmed by the gift of second sight. Their joy was sudden and unfiltered. One elderly man, wearing a white turban and a shabby suit coat that hung to his knees, danced in circles around his walking staff, singing to himself, drawing protests from patients whose feet he was too entranced to avoid.

All fifty-one of the previous afternoon's surgeries had been successful, Khem explained when he finished his examinations. Kim and Kim's patients had a bit more swelling and postoperative trauma, but for beginners their results were excellent, he said.

I watched 114 new patients being led into the hospital for the second day of surgery, many hunched over and staggering as unsteadily as Patali had the previous afternoon. Patients streamed past them out of the compound, dozens of the formerly blind hiking away toward their homes, navigating the uneven dirt trails that radiated out from the temporary hospital without the aid of the relatives who accompanied them.

Walking toward a rusted gate, I saw someone who looked like Patali. But this woman was standing straight up and striding confidently beside her husband. Her back hadn't been bent by osteoporosis at all, I realized, but by her sense of helplessness, by the weight of blindness. The transformation was startling, almost more than I could reasonably believe one day after seeing her squatting timidly on the concrete floor of the hospital, waiting for surgery.

I fumbled in my pockets for rupees, doing the math. Not enough. I scrounged through my camera bag, finding a thick wad of bills I'd saved for an emergency. I ran to the gate before

she could begin the long walk home and pressed the money into her hands. "For a sewing machine," I said, unable to meet Patali's eyes.

On the roof of the building, leaning against a railing, Sanduk Ruit was watching his patients. He stood with one arm over the shoulder of Serabla, who looked on proudly at her father's handiwork. I pointed Ruit out to Patali, told her that the man on the roof was the one who had restored her sight. She bent low toward him, her hands clasped together in gratitude. "Thank you, Doctor *dai*," she said, even though we were much too far away for Ruit to hear. "Thank you." Then she took her husband's arm and they walked together up the dirt trail that led toward a pine grove, his basket immeasurably lighter. I watched until they entered the shade and were swallowed by shadows.

I looked up at the figure on top of the building, silhouetted against a borderless sky. Though his pitch had been full of self-promotion and bluster the night we'd had dinner, Tab had not overstated the importance of his work with Ruit. The man on the roof was still a mystery to me, but I wondered if there was a single person on earth doing more measurable good for others.

The line had been cast in Salt Lake City and the hook set in the mid-hills. I had come to Nepal, lost one book on the trails of the Khumbu, and swerved, finding another. I felt the weight of the mostly empty notebook in my shirt pocket. "Well," I thought, flipping it open to a clean, blank page, "well."



Here You Are

The greatest country, the richest country, is not that which has the most capitalists, monopolists, immense grabbings, vast fortunes ... but the land in which ... wealth does not show such contrasts high and low, where all men have enough ... and no man is made possessor beyond the sane and beautiful necessities.

—Walt Whitman

I sat beside Geoff Tabin as we hurtled down Interstate 80, toward Salt Lake City, in his cramped, sticky-surfaced Ford Escape hybrid. The floor was piled high with cans of used tennis balls, medical journals, crushed paper coffee cups, and nearly empty sports drink containers. Tabin was on the phone to Ghana, confirming the dates for an upcoming trip he arranged to train local surgeons and operate on five hundred cataract patients. We were traveling at nearly eighty miles an hour around sweeping curves down a rocky canyon, and he seemed oblivious to the double- and triple-length tractor-trailers passing inches from our side mirrors as he drifted in and out of our lane.

He hung up and dialed Nepal. It was evening in Kathmandu, and he had to shout over the wind blast and the bad connection, trying to make himself understood to Ruit as they planned Tabin's next trip. "What's that? Ten! I can bring about ten fresh corneas!" Tabin said. "Today the usual, trying not to blind anybody. Listen, we've got John Nkurikiye here from Rwanda. You remember I sent him to you last spring. Yes, I'll certainly say hello. He's very solid. I think John could be the person to really anchor eye care in Africa. Also, I'm talking with two ophthalmic technicians from Nigeria. I want to send them to you at Tilganga for a month or so." Tabin looked crestfallen as he listened, for a moment, to an objection Ruit had apparently voiced. "Okay, you know I always trust your judgment. We'll discuss it when I see you." Tabin signed off with "Love to Nanda and the kids."

By the time he hung up we had descended several thousand feet and were approaching the hilly eastern suburbs of Salt Lake, where the sparkling, glass-and-steel John A. Moran Eye Center was located on the University of Utah campus. Traffic ahead of us had slowed, but Tabin seemed not to notice the river of brake lights as he typed a text message to a mountaineer buddy he hoped would join us that evening for dinner. He looked up from his phone just in time and jammed on the brakes, slapping his forearm protectively against his chest as we stopped a foot from the rear mud flaps of a cattle transport.

"Hey, have you met Andrew McLean?" he asked. I would come to know this conversation well, the lack of spaces in Tabin's speech before he veered at freeway speed toward an apparently unrelated subject. "Technically, he may not be the best skier in the world, but he'll ski lines no one else would think of touching. He's really fun," Tabin said. "Fun," I soon learned, was the doctor's highest compliment. "He should be there tonight. I'm thinking incredible, incredible steaks and my famous dirty martinis. Wait till you taste one

They'll knock you out!"

It was just after six in the morning.

In the surgeons' dressing room of the Moran, Tabin sniffed the armpits of the scrubs he wore earlier that morning while he'd attacked his home climbing gym, which peaked in difficulty on an overhanging pitch of 135 degrees. He'd started his workout long before I was awake, but I knew the angle of the slope because he'd given me a forced-march tour of the sprawling house where he and his family lived, on rangeland outside Park City, late the evening before. The only room where we'd lingered was his attic, where he'd pointed out the routes he'd set, the colorful resin holds that spread across the walls and ceiling like a peculiar formation of coral. Tabin told me that he tried to "get a quick burn" every morning and declared that his central philosophy in life was to keep that flame lit all day, to live every hour fully—or, as he put it precisely, to "keep the fun-o-meter in the red."

He peeled off his scrubs and pulled a clean, folded pair from the stack of fresh hospital laundry. His gold wedding ring hung from a scarlet cord around his neck, a talisman he'd had blessed by the Dalai Lama. At five foot eight, Tabin didn't have the long, wiry build common to many elite climbers. But you don't reach the highest point on each continent, or make the first ascent of Everest's Kangshung Face, without physical gifts. He had worked hard to sculpt and refine the modest material he'd been handed genetically. Even at fifty-two, Tabin had legs with the chiseled musculature of a bicycle racer's, and his forearms were comically large, Popeye large. They ended at hard, callused hands, hands that seemed blunt instruments for the manipulation of delicate surgical tools.

Dressed for surgery in scrubs and a sterile gown, Tabin walked so fast, trailed by his two ophthalmic residents and half a dozen medical students, that I had to jog to keep up. Shadowing Tabin and trying to answer questions he or any member of the hospital staff lobbed at them was a critical element of his trainees' education.

I fell into stride next to an African ophthalmologist on his way to watch Tabin perform cataract surgery. John Nkurikiye was a tall and handsome forty-four-year-old surgeon. He would have been imposing but for a cheerful spray of freckles across the bridge of his nose and eyes so wide open and optimistic they seemed to belong to a much younger man, not someone who had witnessed the worst of the Rwandan genocide.

I introduced myself and, to make conversation while we tried to keep pace with Tabin, made the mistake of inquiring whether his family was Tutsi or Hutu. Nkurikiye stiffened. "You know, those are artificial categories the Europeans created for us," he said. "We've had enough trouble because of those words. I prefer not to use them."

Tabin paused outside the swinging doors to the operating room, and Nkurikiye and I caught up to his entourage as he consulted with one of his trainees, Chris Kurz, who was completing his cornea fellowship with Tabin at the Moran. He and Tabin reviewed a recent cornea transplant Kurz had performed, a far more complex procedure than a cataract surgery, which Kurz said had gone well, except he'd had to sponge away more blood during the operation than he'd expected.

Tabin turned to face the rest of us, aiming his question toward the knot of students with pens and notebooks at hand. "Do you know how to tell, with one hundred percent certainty, if a plant is poison ivy?" Tabin asked.

No one ventured an opinion.

“Okay, you take a handful of the reddest leaves you can find and rub them on the thin strip of skin between your testicles and your anus. Then you wait two to three hours. If you experience extreme itching and discomfort, the plant is definitely poison ivy!”

There were a few embarrassed chuckles, and the pens hovered motionless over open notebooks.

“Likewise,” Tabin continued, “if Dr. Kurz is operating on an eye, how does he know if he’s cutting corneal tissue? The cornea, the clear surface at the front of the eye, is unique. It’s the only tissue in the body that draws all the oxygen it needs from the air, not a network of capillaries. If Dr. Kurz cuts and it bleeds, he’s cut not corneal tissue but the sclera, the tough white outer wall that covers the rest of the eye,” Tabin said, driving his point home neatly, setting the students’ pens in motion.

I imagined that during all the cramming they’d have to do one day for their medical boards, few of them would struggle to remember this particular lesson.

Tabin backed through a set of swinging doors and bent to a set of double sinks to scrub in. Four support staff lounged in front of crisp, flat-screen displays, calibrating equipment or browsing the Internet. From the ceiling, an octopus-like PrismAlix lighting array, with dazzling halogen discs held at the end of each tentacle, lit the adjustable chrome operating table brighter than a tropical beach at noon. Tabin, swaddled in a crisp green paper smock that had been tied behind his back by a nurse, took his place on a Stryker Surgistool calibrated by a technician to the precise millimeter of height and forward lean the doctor preferred. The chromium stool, a mobile wonder of shock-absorbing arachnid legs, looked fully capable of jettisoning boosters, landing on Mars, and collecting soil samples.

I thought of the single 60-watt bulb taped to the ceiling over Ruit’s plywood operating table in Rasuwa.

Travel frequently enough, dislocate yourself often enough at jet speed, and your culture shock mutates into something else: not the shock of the new or the unknown but the unsettling juxtaposition of the present and the very recent past. Here you are. But there you were. And all too often that contrast points, in my experience, to a gulf between meager resources and material excess too wide to comfortably accept.

Evidently John Nkurikiye was thinking along the same lines. “All of this for one patient for one rather simple procedure,” he said, shaking his head as a woman was wheeled through the double doors by orderlies and positioned before Tabin’s gloved hands.

That made six medical staff in the room, and seven observers. Tabin’s scrub nurse took no notice of me as she began to lay out surgical tools. But as soon as the operating theater manager confirmed Tabin’s choice of jazz over soft rock for the sound system, she glanced in my direction. I looked away and turned toward Tabin’s elderly patient. The day before, when I’d been watching Tabin remove a cataract at the VA hospital near the Moran, a nurse whose name tag read M. BIGWOOD had called me over for questioning. He was a large man, unsmiling. It might have been my inexpertly tied surgical mask; knotting a mask behind your head is like tying a bow tie behind your back, and I’d yet to fasten one convincingly. Or perhaps he simply chosen that moment to conduct a random pop quiz.

“Tell me,” the man had asked, “how long has cataract surgery been practiced?”

I tried to recall fragments from the background reading I’d recently begun.

“Since about 2000 B.C.?” I said, fairly confident I had the right date.

“Excellent,” he said. “They called it ‘couching,’ poking at the cataract with a needle. Not very helpful, and you can only imagine the infection rates, but they might have seen a bit of light after that, a little improvement.”

I tried to peer over his large shoulders to watch Tabin work, but M. Bigwood wasn’t done with me. “Where does the material for a modern IOL come from?”

My ability to recall precise details was degrading as I strained to see. I floundered for a moment, then said, “An airplane windshield?”

“What airplane?”

He had me there. I shrugged.

“A World War II Spitfire,” he said. “Military surgeons noticed that shards of Spitfire windshield shattered by gunfire didn’t react with tissue when they were embedded in pilot eyes. So they knew the eye wouldn’t reject lenses manufactured from the stuff. Intraocular lenses have been made of a similar material ever since.”

Now I watched Tabin perform surgery on the elderly woman, taking care not to make eye contact with the female nurse in charge of the Moran’s operating room and prompt questions from her. I looked everywhere but in her direction.

My eyes strayed to a flat-screen monitor at one of the technicians’ desks. I noticed an article he was browsing through, titled “The 10 Most Stressful Jobs.” Surgeon and anesthesiologist led the list, followed by smoke jumper and industrial deep-water diver. Tabin had told me a story the previous evening about a Boston surgeon who’d jumped to his death from the roof of a hospital after accidentally removing the uncancerous eye, the one healthy eye, from his preteen patient.

On the largest of the variously angled monitors mounted on the walls behind his head, I watched the sharp end of the modern tool Tabin was wielding to break up his patient’s cataract. It was called a phacoemulsification device, or phaco for short. Tabin inserted the phaco tip into the capsule of the eye. Rather than coaxing out the cloudy lens of the eye whole, as Ruit had in Rasuwa, Tabin used phacoemulsification to pulverize the cataract with precisely directed ultrasound waves, then draw out the fragments with suction so that he could insert a foldable IOL through the tiny wound he’d created.

“Hey, you’ve got to see this,” Tabin called to me. I joined Nkurikiye and the scribbling students ringing the operating table. A nurse handed Tabin an injector that tapered to a needle-thin point. Magnified on the monitor, it looked as thick as the neck of a beer bottle. Tabin fed the tip back up the tunnel he’d carved, depressed a plunger, and a translucent lens unfolded like a sea creature across the width of the eye, spreading thin arms, called “haptics” that held it in place.

Even I could tell how clear the patient’s eye now appeared, projected many times the size of life across a bank of monitors, staring placidly at all the cardinal points, like the Buddha eyes I’d seen painted on nearly every smooth surface atop the temples of Kathmandu.

“That went just textbook!” Tabin said after nearly half an hour, which included a delay of fifteen minutes when his patient interrupted him from beneath her draping to ask for another injection of anesthesia. I noticed the light sheen of sweat on his forehead, and condensation on his rimless glasses. I pictured Tabin a few hours earlier, hanging from the ceiling of his attic by his fingertips. Those same fingers had just restored a woman’s sight. What sort of adrenaline jolt, I wondered, did that provide to his system?

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