MERCY Ships is a global charity that has been providing free healthcare services to people in developing countries for almost 30 years. In the war-torn and poverty-stricken areas visited by the organisation's hospital ships, the benefits derived from helping each individual patient may be measured best by its impact in bringing hope to the larger community of suffering people, says ophthalmologist Thomas R Elmer Jr, MD.

Mercy Ships was "launched" in 1978 and is currently operating two hospital ships with itineraries that bring them to ports in Sierra Leone and Liberia in Africa. Dr Elmer, in private practice in Buffalo, New York, began working as a Mercy Ship volunteer in November 2003. In the last three years, he has made four trips to those regions for visits ranging from two weeks to four months.

Through his involvement, Dr Elmer is fulfilling his lifelong interest in community service and learning that Mercy Ships truly realises its mission to "bring hope and healing to the forgotten poor". "There is a health crisis in these countries where there is no local care and civil war prevents entry of volunteer groups. As a result, there is an enormous backlog of people in need of ophthalmic services, including huge numbers of people who have gone blind from cataracts. Restoring sight to one or even hundreds of these people is certainly not a solution for the massive problems affecting these countries. However, for each person helped, there is a more far-reaching positive effect on the spirit of others in the community who are living life in unimaginable conditions," Dr Elmer told EuroTimes.

Dr Elmer began volunteering to help the less fortunate when he was a Boy Scout in junior high school. He continued that work throughout high school and college, and then deferred entry into medical school for a year while he volunteered with Holy Cross Associates. After completing medical school, a four-year residency in ophthalmology at Louisiana State University (LSU) and a one-year fellowship in paediatric ophthalmology at the State University of New York-Buffalo, he aimed to return to community service work.

"Searching the internet for opportunities, he came across the Mercy Ships website, Dr Elmer found the programme was a perfect match with his skills and interests and he turned down academic positions at two universities to do volunteer work with Mercy Ships.

"The first thing I noticed was a picture of a child whose eyes were straightened by strabismus surgery and I thought that with my fellowship training, I was well-prepared to do that type of work. The picture of the 520-foot ship on which the volunteer staff lives and works further heightened my interest because I am an avid boater and even lived on a sailboat for five years while at LSU," Dr Elmer said.

As a medical facility, the hospital ships have numerous practical advantages. Relative to eye camps, the ships offer an environment that is air-conditioned and clean, well-equipped in terms of both skilled staff and instrumentation, and safe.

"Working on Mercy Ships I felt I could provide top-notch care even though I was in a third world country, and not be too worried that I was risking my life. While these countries are still considered unsafe by many, United Nations peacekeeping forces have moved in, and the ports are among the most heavily guarded and secure areas," Dr Elmer said.

Dr Elmer's first trip took him to Sierra Leone for five weeks at the end of 2003. Although he wished to return to New York for the holidays because his father was ill, he found the volunteer experience so rewarding that he signed up for a second trip before his first service mission ended. In the spring of 2004, he returned to a Mercy Ship in Sierra Leone for four months, and in May of 2005 and 2006, he travelled to Liberia.

Dr Elmer has been able to perform a fair number of strabismus surgeries during his service trips. However, operating on patients with bilateral dense cataracts accounts for the bulk of the ophthalmic surgeries he has performed on Mercy Ships. Although phacoemulsification equipment is available on board, nearly half of the patients who present for care have a lens that is far too dense to be removed by ultrasound. In those cases, Dr Elmer performs extracapsular cataract extraction with a sutureless technique he developed while working as a Mercy Ship volunteer in 2004. The technique he uses is much more efficient than what he learned during his own residency training and allows faster visual rehabilitation.

On the ship in Sierra Leone we would say that many of the cataracts were as hard as the diamonds for which that country is known. For these patients who had been blind for years, it was an amazing gift to be able to see on the first day after surgery when the patch was removed, and they often jumped off the table and performed a joyful dance. An abandoned walking stick left behind by a cataract patient who no longer needs it as a navigation aid is probably my favourite souvenir from each of my trips," Dr Elmer said.

The second priority for case selection focuses on patients with blind, painful eyes that are treated with enucleation and prosthetic implantation. Although these patients do not gain by vision restoration, they are relieved of their pain and benefit in important ways from an improved cosmetic appearance.

"According to local culture, there is a curse on people with a blind, ugly eye, and their families. Removing the eye and replacing it with a prosthesis has important implications socially and occupationally," Dr Elmer explained.

Every person working on a Mercy Ship is a volunteer who travels to the region at his or her own expense and then pays room and board while serving. They represent countries from around the world, and some commit to years of service at a time.

"The experience makes me a better doctor and allows me to put life into a proper perspective. The personal rewards of this volunteer work certainly outweigh the out-of-pocket costs," Dr Elmer said.

The experience is further enhanced by the national diversity of the volunteer staff. Dr Elmer notes it is particularly gratifying to see people from around the world coming together to serve the poor of one small country, and he has also gained professionally as well. For example, on his last trip, Dr Elmer noted he further refined his sutureless ECCE technique after working side by side with an ophthalmologist from India who taught him her own stitch-free procedure.

In addition, Dr Elmer is using his experience to teach American doctors about global ophthalmology issues. He is now a member of the volunteer staff of the department of ophthalmology at SUNY-Buffalo where he serves as an instructor for a resident's course on international ophthalmology. On his last trip to Liberia, Dr Elmer brought two of the ophthalmologists in training to assist with cataract surgery.

"Consider that these patients are coming to have surgery in a strange environment performed by a stranger who they often cannot see and do not understand, I continue to be amazed by their trust and gratitude, and sharing the experience with my residents was especially meaningful," Dr Elmer said.

"I hope to continue to bring hope and healing to the poor in the future. He is presently planning a return trip to Africa in the spring. thomasp@richt.com www.mercyships.org.uk