Love in Action
THE DERA EYE CAMP

Photography and Text
by
Wayne and Miriam Caravella

Radha Soami Satsang Beas
This book is dedicated

to our beloved Master,

Huzur Maharaj Charan Singh Ji.
Contents

Foreword vii
Introduction 1
Screening 7
Wards 21
Operations 47
Post-Operative Care 73
Discharge 89
Sevadars' Prashad 101
Epilogue 109
Foreword

The manuscript of this book was virtually ready for the press when our beloved Master, Maharaj Charan Singh Ji, left us on June 1, 1990. It was a great shock for all satsangis, who will always remember his boundless love, compassion, and guidance, which they received from him in abundance. He was the founder and the inspiring force of the Dera Eye Camp. His concern for suffering humanity, his desire to help and serve them, and his contribution towards the success of the Eye Camp are beyond description.

The Dera Eye Camp has proved to be the largest camp of its kind in India, operating on approximately six thousand patients every year without compromising the quality of treatment. For the high standard of its organizational excellence; for providing free treatment, board, and lodging to every patient; and for achieving almost 100% success in the performance of the operations, the Dera Eye Camp has earned a wide acclaim.

Huzur Maharaj Ji, in his address to the sevadars at the conclusion of the Eye Camp, often used to thank the patients for the great favor they do by providing the sangat with a chance to render service. In one of his addresses, he said, “It is a matter of great good fortune to be able to get the opportunity to do Seva. It gives me great pleasure to see people rendering service. Every person derives joy from service, if given an opportunity, for all rests on love and service.” And the love and dedication with which the sevadars have been serving the patients is difficult to describe.

This pictorial presentation prepared by Wayne and Miriam Caravella is an attempt to present an image of the Eye Camp that covers several areas: the concern and compassion of the Master, the love and devotion of the sevadars, the technical information, the humanitarian significance, and the spiritual importance.

The book was ready during Huzur Maharaj Ji’s lifetime; therefore, the text is written in the present tense. The authors, finding it too painful to change it at this time, have felt it appropriate to leave it that way.

Two of Huzur Maharaj Ji’s devoted sevadars, Dr. T. N. Mathur, Chief Medical Officer of the Eye Camp, and Brigadier G. S. Bal, its Administrator from the very beginning, passed away during the first half of May 1990.

Before leaving the physical plane, Huzur Maharaj Charan Singh Ji appointed Maharaj Gurinder Singh as his Successor. Maharaj Gurinder Singh has the same spirit of dedication to the divine mission of the saints and the same vision and concern for the moral and spiritual uplift of humanity. He is always radiating grace for one and all. With his
compassion, help, and divine guidance, the sangat has again been charged with the same love and enthusiasm that it had during Huzur Maharaj Ji's time, and all Dera activities are continuing as before.

On July 29, 1990, after delivering an inspiring and emotionally moving satsang, the present Master announced the dates of the next Eye Camp (November 1, 1990), laying stress on one of the most significant features of the Dera Eye Camp by declaring that all patients, whether they are satsangis or non-satsangis, will be treated, as every year, without any distinction of caste, color, or creed.

On behalf of the Radha Soami Satsang Beas and the Eye Camp doctors and sevadars, I thank Wayne and Miriam Caravella for preparing this beautiful monograph, and the Radha Soami Satsang Beas–America Board for initiating the idea and taking up the project of publishing it.

We are confident that this photographic representation of the Dera Eye Camp, which is a story of love—of “love in action,” as Huzur Maharaj Ji used to describe it—will be found interesting and inspiring by the reader.

S. L. Sondhi
Secretary

Radha Soami Satsang Beas
P.O. Dera Baba Jaimal Singh–143 204
Punjab, India
Introduction

Maharaj Charan Singh ji giving satsang at the Dera to the bhandara crowd of approximately 400,000 people.

The Lord is in the heart,
But we see Him not;
Such a life is a curse;
O Tulsi, we suffer from cataract.
—Tulsi Sahib

Saints come into this world to restore sight to man's spiritually blinded eyes, opening them to the grace and love of God that is ever flowing within us. As the Indian mystic Tulsi Sahib explains, although the Lord is in our hearts, we cannot see Him because we are blinded by the attractions and pleasures of the material world. Thus our lives are wasted. We have spiritual cataracts. Our spiritual vision is clouded by the veil of worldly illusion. The Saints come and remove the veil from our eyes, bringing us from darkness to light and allowing us to see once again the way back to the Lord and our true home.

The purpose of the Saints' coming to this world is purely spiritual, but because of their tender and compassionate nature, they are also moved to help alleviate the physical suffering of humanity. That is why our Master, Maharaj Charan Singh, the spiritual head of the Radha Soami Satsang Beas, who has initiated and restored the spiritual sight of over one million people from all over the world, has taken pity on the physically blind and has organized a program for their medical treatment and cure.

Nearly 55 percent, or five million, of the estimated nine million blind people in India have lost their vision because of cataracts—a gradual hardening and clouding of the normally clear lens of the eye. The cataract acts as an opaque curtain that blocks sight, leaving a person blind. Although a skilled surgeon can remove the cataract in a simple and fast operation, there are only a limited number of eye hospitals and other treatment facilities in India where these five million blind people can receive treatment. And these institutions are able to perform only 1.2 million eye operations each year. Therefore, due to a lack of sufficient medical care, millions of people are forced to live with incurable blindness year after year, with the backlog ever increasing.

In the early 1960s, the Government of India launched a National Blindness Eradication Program. Its goal is to increase the number of eye operations performed in India each year to two
million. To do this, the government encourages non-governmental organizations to establish permanent or temporary eye hospitals and clinics, especially in rural areas, to supplement the already-overloaded regular medical facilities.

Presently, there are hundreds of short-term "eye relief camps" set up all over India at different times during the year. Many are organized and run by charitable institutions and civic organizations. Some of the government eye hospitals also organize regular field eye hospitals in rural areas not served by permanent facilities.

In February 1965, Maharaj Charan Singh held the first annual Dera Eye Camp at Dera Baba Jaimal Singh, in Beas, Punjab, India. This first Eye Camp treated 2,500 patients, of whom 1,250 had operations. The Eye Camp has been held almost every year since 1965, growing larger each time. The 22nd Dera Eye Camp was held in November 1989 and treated 10,811 patients, of whom 5,826 were operated on. The Dera Eye Camp is specifically intended to treat the cataracts of poor rural villagers who have neither the means for, nor the availability of, proper medical treatment. The Eye Camp provides all medical treatment, medicines, food, and other services completely free of charge. All patients, regardless of caste, creed, color, or religion—whether satsangis or not—are accepted without reservation and treated alike.

Seeing the success of the annual Dera Eye Camps, but concerned for the thousands of patients whose condition was too complicated for treatment in the limited Eye Camp facilities, in 1980 Maharaj Ji began construction of the Maharaj Sawan Singh Charitable Hospital. Completed in January 1986, the hospital specializes in the treatment of eye diseases, while also treating other diseases and emergency trauma cases.

Located in the town of Beas, on the Grand Trunk Road (approximately six kilometers from the Dera), this 300-bed facility, with 90 beds reserved for eye patients, is the largest and most modern hospital in the area. The hospital includes a large residential complex for the doctors and nurses as well as an on-site nursing school. Carrying on the tradition of the annual Dera Eye Camps, all services and medicines are provided completely free of charge so that every patient, no matter how poor, can receive high-quality medical treatment. And, like the Dera Eye Camp, the Hospital is not concerned with the patient's caste, religion, or color, nor whether he is a satsangi. As Maharaj Ji has said, "At the Eye Camp and the
Hospital we do not even ask a patient whether he is a satsangi or not.

Since the first Eye Camp in 1965, the responsibility of Chief Eye Surgeon has been placed in the very capable hands of the renowned Dr. J. M. Pahwa. Dr. Pahwa and his surgical team have performed all the cataract operations as well as other specialized eye operations at the Dera Eye Camps. Dr. Pahwa and his team, which consists of three doctors and eight para-medical persons, volunteer their time and talents from their regular duties at the Gandhi Eye Hospital in Aligarh, India, where Dr. Pahwa is the Chief Medical Officer. Devoted to the cause of eradicating blindness in India, Dr. Pahwa is a humble man who serves his patients selflessly. Once, while reminiscing about the first time Dr. Pahwa came to the Eye Camp, Maharaj Ji said, "Dr. Pahwa is a good and humble soul, expert in his job—and calm, always at peace—so he won people with his devotion to duty and service."

Dr. T. N. Mathur, who lives at the Dera and heads the Pathology Department at the Maharaj Sawan Singh Charitable Hospital, has been the Chief Medical Officer (CMO) of the Dera Eye Camp since 1965. For almost as long a time, retired Brigadier G. S. Bal, also a resident of Dera, has been the Chief Administrator of the Dera Eye Camp. And Mr. Madan Gopal Singh, a retired Inspector General of Police, is the Eye Camp’s General Secretary and Coordinator.

Maharaj Ji himself takes a keen interest in every activity of the Eye Camp, no matter how mundane. He visits the Camp daily and sometimes twice a day. Every morning he goes to the operating theater and tours the wards. He also meets every group of patients before they are discharged. No activity of the Eye Camp escapes his careful attention. Over the years, he has made many valuable suggestions to improve its efficiency and quality of care.

The Dera Eye Camp is the largest camp of its kind in India, with approximately 6,000 patients receiving operations, while generally only 1,000–1,800 are performed at other camps. The quality of medical treatment and all-around patient care at the Dera Eye Camp is exemplary and serves as a model for other eye camps. Every area of activity is well organized, down to the smallest detail. The whole Camp is kept impeccably clean by an army of sevadars, who work on a completely voluntary basis. Day and night they sweep, clean, paint, scrub, and rescrub the whole Camp from top to bottom. There are sevadars available to attend to

---

L-R: Brig. G. S. Bal (with cane), Mr. Madan Gopal Singh, Dr. T. N. Mathur, and Maharaj Charan Singh Ji.
4 Introduction

the patients' every need—to feed them, bathe them, comfort them, to do everything necessary to make them comfortable and free from anxiety. At the 1989 Eye Camp, there were 7,000 non-medical sevadars—outnumbering the patients. In addition, several hundred sevadar doctors, dentists, nurses, pharmacists, laboratory technicians, and other medical staff attended to the patients' medical needs at the Camp.

All the Eye Camp sevadars are instructed that the care and treatment of the patients comes first over anything else. From the list of instructions given to the sevadars, one in particular stands out: "The sense of discipline, the sense of responsibility, the spirit of selfless service in the cause of the Master, and devotion to one's duty, must be of the highest order." The sevadars appreciate doing even the most menial task because it gives them the opportunity to serve and please the Master.

About the seva at the Dera Eye Camp, Dr. Pahwa commented: "This Camp is far different, far, far better, and the results much better as compared with any other camp. The atmosphere is very peaceful and the persons working here, especially the sevadars, are so dedicated, they have devotion and love, and they serve the patients much better than anywhere else . . . their spirit is only to serve, their aim is only to serve. Moreover, Huzur Maharaj Ji is there, so all the patients get well. They are all treated so nicely and they have the atmosphere and the darshan of Huzur Maharaj Ji."

This book is an attempt to illustrate the selfless service rendered to the thousands of blind and sick who flock to the Dera each year to have their eyesight restored. Without the grace and guidance of Maharaj Ji; the skill and commitment of Dr. Pahwa and his team of eye surgeons; and the devotion, love, and discipline of the other doctors and medical staff and the thousands of non-medical sevadars, the success of the Dera Eye Camp would not be possible. It is our hope that the words and photographs on the following pages will convey this outpouring of compassion, devotion, and selfless service, performed purely with the desire to please the Master and to help our fellow man, without any motives of personal or material gain. Such selfless service, however, must be experienced to be understood and appreciated. The sheer magnitude of the love, compassion, and sacrifice at the Dera Eye Camp leaves one in awe. To talk about love for God and for our fellow man may be noble, but to turn love into action is divine.
### Summary of Patients Served
**Dera Eye Camp**
**1965–1989**

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Served</th>
<th>Patients Treated</th>
<th>Referral</th>
<th>Patients Surgically Treated</th>
<th>Referral</th>
<th>Enucleated</th>
<th>Referral</th>
<th>Operations</th>
<th>Referral</th>
<th>Cataracts &amp; Iliotomy</th>
<th>Referral</th>
<th>Coloboma &amp; Other</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>2500</td>
<td>1250</td>
<td></td>
<td>1250</td>
<td></td>
<td>300</td>
<td></td>
<td>950</td>
<td></td>
<td>840</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1966</td>
<td>3000</td>
<td>1576</td>
<td></td>
<td>1024</td>
<td></td>
<td>184</td>
<td></td>
<td>1141</td>
<td></td>
<td>158</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td>5000</td>
<td>3425</td>
<td></td>
<td>1575</td>
<td></td>
<td>325</td>
<td></td>
<td>1250</td>
<td></td>
<td>1141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1968</td>
<td>5225</td>
<td>4068</td>
<td></td>
<td>1157</td>
<td></td>
<td>16</td>
<td></td>
<td>1024</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1969</td>
<td>5692</td>
<td>4500</td>
<td></td>
<td>1192</td>
<td></td>
<td>100</td>
<td></td>
<td>1024</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>7376</td>
<td>6074</td>
<td></td>
<td>1302</td>
<td></td>
<td>46</td>
<td></td>
<td>1302</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>4617</td>
<td>3183</td>
<td></td>
<td>1434</td>
<td></td>
<td>132</td>
<td></td>
<td>1302</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>4368</td>
<td>2644</td>
<td></td>
<td>1524</td>
<td></td>
<td>71</td>
<td></td>
<td>1453</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>5297</td>
<td>3095</td>
<td></td>
<td>2202</td>
<td></td>
<td>133</td>
<td></td>
<td>2069</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>3919</td>
<td>1714</td>
<td></td>
<td>2205</td>
<td></td>
<td>136</td>
<td></td>
<td>2069</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>5000</td>
<td>2831</td>
<td></td>
<td>2189</td>
<td></td>
<td>70</td>
<td></td>
<td>2069</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>5800</td>
<td>3534</td>
<td></td>
<td>2296</td>
<td></td>
<td>117</td>
<td></td>
<td>2149</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1977</td>
<td>5542</td>
<td>2578</td>
<td></td>
<td>2564</td>
<td></td>
<td>169</td>
<td></td>
<td>2395</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1978</td>
<td>6241</td>
<td>3094</td>
<td></td>
<td>3197</td>
<td></td>
<td>156</td>
<td></td>
<td>2503</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1979</td>
<td>6257</td>
<td>3257</td>
<td></td>
<td>3200</td>
<td></td>
<td>158</td>
<td></td>
<td>2503</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>6207</td>
<td>3267</td>
<td></td>
<td>3260</td>
<td></td>
<td>123</td>
<td></td>
<td>2454</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1981</td>
<td>5469</td>
<td>2231</td>
<td></td>
<td>2237</td>
<td></td>
<td>144</td>
<td></td>
<td>2694</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>5691</td>
<td>4769</td>
<td></td>
<td>5222</td>
<td></td>
<td>233</td>
<td></td>
<td>4008</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>8358</td>
<td>3756</td>
<td></td>
<td>4613</td>
<td></td>
<td>328</td>
<td></td>
<td>4151</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>9757</td>
<td>3217</td>
<td></td>
<td>6358</td>
<td></td>
<td>332</td>
<td></td>
<td>5593</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>7695</td>
<td>3116</td>
<td></td>
<td>4543</td>
<td></td>
<td>332</td>
<td></td>
<td>4331</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>10611</td>
<td>4885</td>
<td></td>
<td>6138</td>
<td></td>
<td>332</td>
<td></td>
<td>5593</td>
<td></td>
<td>1256</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | 134,039 | 73,191 | 39,597 | 58,941 | 3,840 | 1,205 | 55,104 |
The foundation of this Dera was laid by Baba Ji Maharaj and Shri Huzur Maharaj Ji only on love, seva, humility, and meditation. In this Dera all are equal—rich and poor, woman and man, of any race or religion—there is no question of caste or creed. This Dera belongs to all, to every satsangi.

—Maharaj Charan Singh Ji
The Dera Eye Camp is held once a year, usually from November 1 through November 21. The first four days are devoted to the screening of the patients who have come for treatment. The screening process determines whether a patient has an operable cataract or other eye disease, and what other medical problems he or she may have that require treatment or which might interfere with an eye operation. At the 1989 Eye Camp, 10,811 patients were screened during the four-day period.

Most of the patients come from the rural areas of Punjab, although some come from as far away as Uttar Pradesh, Himachal Pradesh, Haryana, Delhi, Rajasthan, Gujarat, Maharashtra, and West Bengal. Most do not live near proper medical facilities and are too poor to afford medical treatment in city hospitals. Since the Dera Eye Camp is completely free and open to all, it is often the only alternative for these people. The Eye Camp also relieves the patients of the problem of finding someone to look after them during their post-operative care, since a large number of loving sevadars are on duty 24 hours a day to look after their every need.

Since most of the patients are poor, they are generally in ill-health and suffer from malnutrition. Also, most of the patients are elderly and weak. All this, combined with the fact that they are either partially or totally blind, requires them to be carefully looked after from the moment they arrive at the Dera. Some of the patients may never have left their small villages before, and this may be their first experience with doctors and modern medical examinations. Needless to say, many are frightened and confused. The loving tone and gentle hands of the sevadars go a long way in calming their fears and putting them at ease.

When the patients arrive, either by bus, train, or tonga, they are met by sevadars and brought to the reception area where they are separated into two groups, men and women. Their bedrolls and other personal belongings are stored and they are given a claim check. They sit in groups under the shamiyas (tents) in the reception area and wait until they are called for screening. Sevadars serve them meals and tea, and attend to their needs.

Then the patients are led in groups to the Sadhu Ashram complex. Every patient is given a screening form on which various doctors will record their findings. The first step in the screening process is
the eye examination. This takes place in one of six
darkened rooms, where doctors who specialize in
eye diseases examine the patients. After the eye
exam, the patients are escorted to other rooms
where they are given a general medical examination,
including a check of the heart, pulse and
blood pressure, liver, spleen, lungs, and skin. Urine
samples are taken and analyzed for diabetes, excessive
urea, and other problems. A blood smear is
done to check for malarial parasites. Other tests are
administered as required. A medical history of the
patient is also taken. Every patient is given a dental
exam, and any dental problems are treated: Because
of the advanced age of most of the patients, this
may mean pulling teeth.

The patients then have the pressure (or ten-
tion) of their eyeballs tested. Called a “tonometry”
test, this procedure helps determine the operability
of the eye and also detects glaucoma, which causes
increased pressure within the eye.

If during the screening a patient is rejected, he
or she receives whatever medical treatment is pos-
sible and then returns home. Because most of the
patients have little, if any, experience with doctors
or medical procedures, the sevadars take great care
in explaining why they have been rejected and give
them free medicine and advice on the health and
care of their eyes. In some cases, those with immat-
ture cataracts are told to return the following year.
In other cases, patients are escorted to the Maharaj
Sawan Singh Charitable Hospital in Beas for fur-
ther free treatment.

Patients who are accepted for operations are as-
signed to specific male or female wards for right-
eye or left-eye cataracts, to special-care wards for
one-eyed cataract patients, or to other special
wards, including glaucomatous cataract, hyper ten-
sion, diabetes, pre-operative complications, isola-
tion (for contagious diseases), extra-ocular surgery,
special feeding, glaucoma, and iridectomy. There
are also separate wards for the children and for
Dera residents. The ward sevadars make a list of
their patients, attach an identification tag to each
patient and to his or her bedding, and lead the
patients to their assigned wards.
Sevadars helping patients to the screening area.
Cheerfully carrying out the orders of elders and rendering them physical help for their comfort and convenience is one phase of service. Another phase is rendering loving help to the poor and the needy.

—Maharaj Sawan Singh Ji
Courtyard of the Sadhu Ashram, where patients wait during the screening process.

Preliminary medical examination.
If the doctors work as a happy, well-knit, integrated and contented team, under the directions of the Aligarh team and the Chief Medical Officer, they will inspire confidence not only amongst the patients, but also amongst the sevadars.

The doctors should forget the differences in seniority of service or status in life, and work as devotees of Maharaj Ji, no matter what duties are assigned to them or under whom they are placed to work. . . . They should consider it their privilege that they have been selected to work in the Camp by Huzur Maharaj Ji.

—Eye Camp Sevadars Instruction Book
During the screening process, patients receive eye, medical, and dental examinations, as well as electrocardiograms, if required.
Maharaj Ji entering the Sadhu Ashram, where he visits the various screening rooms and confers with the doctors about their work.
Maharaj Ji walking between screening rooms.

Brigadier Dr. Kanwar explains an unusual case to Maharaj Ji.
Dr. Mathur, Chief Medical Officer of the Eye Camp, discusses the fine points of the tonometry (eye pressure) examination with Maharaj Ji.
Maharaj Ji walking through the waiting area.
A happy patient—he has just received Maharaj Ji's darshan.

The Master is the physician who gives us sight. The Lord is inside us. All the world is blind and works in darkness. If one meets a Master, he can then see the Lord inside himself with his own eyes.

—Maharaj Sawan Singh Ji
The patient's medical record and identification tag accompany him throughout his stay at the Eye Camp.

Sevadars lead the patients to the wards, carrying their belongings for them.
Maharaj Ji’s loving care and concern for the patients and for the overall success of the Eye Camp is evident in his daily visits to the patient wards. He asks questions of the doctors and staff, gently makes suggestions, and gives words of encouragement to the sevadars and loving reassurance to the patients. His visits are a source of great anticipation and joy among all those attending the Camp. In a way, his daily visits are the outward expression of his guiding spirit, which fills every corner of the Camp, every minute of every day.

The Dera Eye Camp stretches over a large area and includes four main sections. The primary section, where the principal operating theater is located, is the Maharaj Sawan Singh Sarai. It is a complex of 14 two-story buildings where most of the male patients and all the children are housed. The ground floor of each building is divided into seven separate rooms accommodating 15 patients each. One building, housing approximately 105 patients, makes up one ward. The ward sevadars live on the upper floors dormitory-style.

The Maharaj Jagat Singh Sarai consists of four main buildings and a second operating theater, used primarily for the treatment of glaucoma patients and for stitch removal. Diabetic and other complicated cases are also housed in this complex.

A large multi-purpose shed next to the Maharaj Jagat Singh Sarai serves two functions. One side is used for storage of supplies; the other side houses the isolation wards for patients with contagious diseases.

The fourth section, located across from the Maharaj Jagat Singh Sarai, is the large “Ladies’ Shed,” which houses most of the ladies’ wards and a few men’s wards. The inside of this shed is divided into 50 wards holding a total of 3,500 patients.

Many of these buildings and sheds were built especially for the Eye Camp, but they are also used at other times during the year for the large crowds that come to Dera at bhandara time to hear Maharaj Ji’s satsangs.

The following staffing pattern of a typical 105-patient ward shows the abundance of sevadars available to fulfill the patients’ every need:

1. Ward Master
2. Assistant Ward Masters
3. Doctors
2-3 Trained Nurses
28-30 Sevadars (divided into three shifts)
1 Sevadar in charge of food
3 Sevadars to empty bedpans

Outside each ward is a sign designating the ward number, type of ward, room number, the names of the ward master and the doctor in charge, a list of all the patients with their respective bed numbers, and a record of the post-operative dressing changes. The diabetic wards also post a chart showing the results of urine tests for each patient.

A brief description of the different wards follows. There are separate male and female wards of each type:

GENERAL WARDS—Divided into separate wards for left-eye or right-eye operations, these wards house cataract patients without medical complications.

SPECIAL-CARE WARDS—These wards are for patients with only one eye, and are divided according to left-eye or right-eye cataracts. In 1989, 159 male and 113 female one-eyed patients were treated.

FEEDING WARDS—These wards are for patients suffering from malnutrition. They are provided with special meals to improve their general health before their operations.

GLAUCOMATOUS CATARACT WARDS—For patients who suffer from both glaucoma and cataract. In 1989, 79 male and 55 female patients had operations for chronic simple glaucoma, using a technique called trabeculectomy, and for cataract.

GLAUCOMA WARDS—For patients with chronic simple glaucoma requiring trabeculectomy.

IRIDECTOMY WARDS—These wards are for patients who have acute congestive glaucoma, which requires a surgical technique called peripheral iridectomy.

EXTRA-OCULAR SURGERY WARDS—For patients with other operable eye disorders such as pterygium, in which the eye is covered with a large mucous membrane starting from the inner corner of the eye; and entropion, in which the eye is turned. In 1989, 230 patients had operations for these conditions.
HYPERTENSION WARDS—For cataract patients with hypertension, whose blood pressure must be reduced and stabilized before the operation. In 1989, 110 male and 132 female patients were treated in the hypertension wards.

DIABETIC WARDS—For cataract patients with diabetes. In 1989, diabetes was detected in 84 male and 125 female patients. Their urine was tested before meals, three times a day, and they were given injections of plain insulin twice a day to stabilize their condition. After their operations, they were given 400,000 units of Procain penicillin b.d. daily.

ISOLATION WARDS—These wards are for patients with contagious diseases such as tuberculosis, leprosy, boils, abscesses, and infected eczema. In 1989, 88 patients were admitted to these wards, treated, and cured of their infections before their operations. On the last day of surgery, operations were performed on these patients with tuberculosis and on three leprosy patients.

PRE-OPERATIVE COMPLICATIONS WARDS—These wards are for patients with various medical problems in addition to cataracts. They are monitored even more closely during their stay than the other patients and receive special treatment for their problems. In 1989, 105 male and 160 female patients received treatment in these wards.

CHILDREN'S WARD—This ward is located next to the main operating theater. One parent is permitted to stay with the child in the ward for the entire period of the Eye Camp. In 1989, 52 children had operations, the youngest being only seven months old.

DERA RESIDENTS' WARD—This ward is for patients who live at the Dera.

DETENTION WARD—This ward is for postoperative patients who, after the removal of their stitches, are found to have minor complications in healing. They are examined daily and are discharged only after their problems clear up.

The sevadars look after every need of the patients from the minute they come to the wards. As a matter of routine, the sevadars wash the patients' clothes. If a patient does not come with adequate clothing (many come dressed only in torn rags), he or she is given new clothes, including a shawl,
scarf, and whatever else may be needed for the cool climate of the Dera during the Fall. Several times a day, the sevadars lead the patients to the toilets. They help the patients bathe, and they wash, comb, and braid the ladies’ hair. Sevadars also shave the non-Sikh male patients. Often, this is the first time in many years these elderly rural people have received such loving, personal care.

The Dera Langar (free kitchen), which throughout the year provides food for the large bhandara crowds and other visitors, prepares and delivers all the food, milk, and tea for the patients. Wagons with large vats of rice, dal (lentils), and vegetables, and hundreds of big baskets of chapattis (unleavened breads) are wheeled the short distance from the langar to the Eye Camp. There the sevadars lovingly serve each patient, moving methodically from bed to bed. After the meals have been served, in order to ensure that all the patients have been adequately fed, a special sevadar walks by each room of every ward ringing a bell, alerting the ward sevadars that food distribution is about to end.

The doctors and nurses assigned to each ward make several rounds to see their patients throughout the day. They attentively stop at each bed to inquire about the patient’s well-being and to administer prescribed medicines and vitamin pills. The doctors, nurses, and sevadars speak to the patients with affection and answer all their questions, mitigating any fears or anxieties about the coming operation.

The night before a patient’s operation, the ward doctors and an eye specialist conduct the fourth and final eye screening. If any problem has developed during the waiting period, it is treated, and the operation is postponed until the problem is cured.
Maharaj Ji on a complete inspection tour of all the Eye Camp facilities, accompanied by Dr. T. N. Mathur, Mr. Madan Gopal Singh, and others.

Just as the tree and the water of the river
Are for the purpose of doing good to others,
The Saint's nature is to remove others' suffering
and bring about bliss.

—Dariya Sahib
Maharaj Ji visiting the general men's wards at the Maharaj Sawan Singh Sarai.

During his tour of the wards, Maharaj Ji confers with doctors and sevadars and often makes suggestions for improvements.
Maharaj Ji walking through the female wards in the Maharaj Jagat Singh Sarai.
Maharaj Ji leaving the emergency hospital at the Maharaj Sawan Singh Sarai.
Maharaj Ji visits the snack and dry goods stores, which are set up for the convenience of the patients and their family members.

Maharaj Ji leaving the clinical laboratory.
Maharaj Ji visiting the ladies’ wards in the Ladies’ Shed, which accommodates 3,500 patients in 50 wards. As he finishes his visit to the Ladies’ Shed, sevadars line the streets to express their devotion and gratitude.
Service has many rewards, but the unique one is that a person imbibes the qualities of the person whom he serves.

—Maharaj Sawan Singh Ji
In the days before the operation, the ward doctors, nurses, and sevadars become familiar with the patients and their special needs. They continuously monitor the patients, administer medication, and assure that they are physically healthy and mentally prepared for their operations. For, as Dr. Pahwa has said, "A calm, relaxed patient, free from anxiety, is important for proper recovery, and also helps the doctors in carrying out their tasks."
During the 22nd Eye Camp, 5,826 adults and 52 children received cataract operations. Most cataracts in children are due to genetic factors, while some are caused by head trauma or congenital syphilis. Although the cause of cataract in adults has not been definitively proven, provocative factors may include radiation from the sun, poor nutrition, and anemia, as well as smoke and dust. There is no proven preventive care or medical treatment other than surgery.
Ward doctors conferring.

Ward sevadar maintaining patients' records.
Meetings of the doctors, nurses, pharmacists, and laboratory technicians are held every night. Problems are discussed and suggestions for improvements are made. Technical lectures are given on eye disease, cardiovascular problems, post-operative care, and other relevant subjects.

Doctors and sevadars listening to morning satsang, which is played over the Eye Camp loudspeaker system.
The Isolation Ward, where patients with contagious diseases are housed. These patients receive special care from the doctors, nurses, and ward sevadars.
The Lord loves humility first of all. It behooves you, therefore, to do that which will induce humility. The society of the Saints is the best place to develop it.

—Soami ji Maharaj
Wards

Sevadars lovingly wash the patients' hair.

Non-Sikh male patients being shaved by the sevadars.

Before their operation, all patients are encouraged to exercise to strengthen their respiratory and circulatory systems.
Sevadars trim the patients' eyelashes to prepare for the operation.

The day before their operation, all patients are given a final eye examination.
The Bandage Sevadars

A group of devoted sevadars makes bandages and eye patches for the Eye Camp patients, as well as masks and gowns for the doctors and technicians. During the course of the 1989 Eye Camp, these sevadars made more than 30,000 bandages.

Whatever service is possible for you to do with your hands for the Master, you should do it, because it is the Master who gives us the protection of his hands and saves us from the fire of transmigration.

—Guru Arjan Dev
The Clinical Laboratory

In order to detect and treat diabetes and other illnesses, the Eye Camp clinical laboratory provides a full range of diagnostic services. At the 1989 Eye Camp, the laboratory examined 6,089 samples of urine for all the 5,617 non-diabetic patients admitted to the wards. In addition, 9,061 urine tests were conducted for the 209 diabetic patients. Besides examination of urine for sugar, blood testing was also performed for the detection of blood sugar, blood urea, TLC, DLC, hemoglobin estimation, and malarial parasites. Sputum was examined for AFB.

Posted outside the diabetic wards are charts giving the results of each patient's urine tests.
The Food Sevadars

Sevadars bring food from the Dera langar (free kitchen), which they then lovingly serve to the patients in the wards. The food sevadars work day and night preparing the fresh vegetables, dals, rice, and other foods for the nearly 6,000 patients at the Eye Camp. That is approximately 18,000 meals a day, plus tea and fresh milk every morning and afternoon.
The sangat does not do all this seva with the expectation that they will be rewarded, they do it out of love. Seva is love; they never ask for anything in return. And whatever the inconvenience, they never complain. They are always contented, always happy to do the seva.

—Maharaj Charan Singh Ji
The Ward Sevadars

Sevadars work around the clock to keep the wards neat and clean. They also help walk the patients to the portable toilets located outside each ward. Each ward has specially assigned sevadars whose duty is the collection and disposal of the patients' wastes. A high standard of sanitation and hygiene is assured by the use of two septic tanks for waste disposal.
Huzur Maharaj Ji [Maharaj Sawan Singh Ji] used to say that blessed are those who get the opportunity of serving others. It is the infinite grace of the Lord that the eye patients have given the sangat the privilege of serving them. There is no parallel in the world for the love and devotion with which you have all served the patients, performing the most arduous duties, unmindful of your comfort and convenience. I do not have words to express my feelings of appreciation. All that I can do is to pray to Huzur Maharaj Ji that he may bestow his grace on all of us.

—Maharaj Charan Singh Ji to Sevadars
Selections from Sevadars' Instruction Book

No sevadar will leave the Camp without prior permission of his/her Ward Master.

They will ensure complete silence in the ward; they will move about very quietly in the wards and not disturb the patients, but will encourage patients to rest or do bhajan and simran instead of gossiping.

The sevadars not on active duty in their wards will spend their time in bhajan and simran or rest.

The sense of discipline, sense of responsibility, the spirit of Nishkam seva (selfless service) in the cause of the Master, and devotion to duty must be of the highest order.

They will not accept gifts, cash, or rewards of any sort from the patients or their visitors for service rendered to the patients.

The sevadars will continue to perform their normal duties even during the visit of Huzur Maharaj Ji to the Camp, and will not run away from their assigned jobs to have Master's darshan or attend the satsang.

Cooperation and harmony at all levels, at all times, and with everyone, without distinction of status in society or the chain of command in Dera administration.

Utmost humility and cheerfulness at all times.

Forgiveness for failures and faults of others.

Accepting failures and criticism cheerfully, giving credit for success to others, and considering success as a blessing of Maharaj Ji.
Eye operations begin on the third day of the Camp and are performed on patients selected during the first day of screening. The Maharaj Sawan Singh Sarai houses the main operating theater, where the cataract operations are performed. At the 1989 Eye Camp, cataract patients with glaucoma and other complications had operations at the second operating theater, located at the Maharaj Jagat Singh Sarai, a few hundred yards away.

In preparation for their operation, patients receive the careful attention of the ward doctors and sevadars. Medicines and eye drops are systematically administered. The ward doctors and nurses check the patients twice daily and keep current records on each patient. The ward doctors are entirely responsible for the care and welfare of the patients in the ward, including the treatment and cure of all their non-eye related ailments. The patients are fed a well-balanced diet, high in carbohydrates, and fresh milk. They are also given vitamin supplements throughout their stay.

Everything possible is done to ensure that the patients are physically and mentally prepared for their operation. The love and attentiveness of the sevadars goes a long way in relaxing the patients and relieving their fears.

On the morning of their operation, the patients are given only tea or tea with bread. The operations are performed according to ward. The ward doctors and sevadars are responsible for getting their patients to the operating theater at the prescribed time. When leaving their wards, the patients receive a new, clean pair of sandals and, if the weather is cool, a woolen blanket. They are escorted to the operating theater and seated outside, in rows, according to their respective wards. Those who have trouble walking are brought by car and sometimes carried to their row by the sevadars. Since patients are housed in wards according to the eye that is to be operated on—either right eye or left eye—there is virtually no chance that the wrong eye will be operated on accidentally. The presence of the ward doctors, who by this time are quite familiar with their patients, also ensures the proper preparation of the patients for their operation.

Teams of sevadars methodically carry out a number of pre-operative procedures on the assembled patients. They check identification cards, review medical charts, prepare bandages, and administer eye drops and oral medications. The area around the eye to be operated on is swabbed with mercurochrome as a sterilization precaution and also as an indicator of which eye is to undergo the operation.

The patients are led by rows into the anaesthesia room and given a local anaesthetic under the supervision of the anaesthesiologists. The patients are
then escorted into the operating room and placed on one of nine operating tables. The operations are performed in assembly-line fashion under the supervision of Dr. Pahwa and the Aligarh team. One part of the team prepares the patient’s eye for the operation; Dr. Pahwa performs the actual cataract operation with the help of some other members of the team; and another group finishes the operation and bandages the eye. Starting at 7:30 a.m. and ending at 7:30 p.m., Dr. Pahwa personally performs between 500 and 600 operations a day for about ten to eleven days. The cataract operation itself takes about 42 seconds. Of Dr. Pahwa, Maharaj Ji has said, “Even when Dr. Pahwa has performed more than 600 operations, he is absolutely relaxed, and there is no tension on his face.”

The concentration and precision of Dr. Pahwa and his surgical team is inspiring. The operating theater, in its quiet singularity of purpose, takes on a spiritual atmosphere, every movement becoming an act of devotion. Dr. Pahwa has said, “One has to thank God that we have been given this opportunity to serve humanity. . . . One cannot get a bigger pleasure or bigger satisfaction than to restore the sight of a poor person. . . . It is our sacred duty, our foremost duty, that we should help those who are in need of it. And this is what has been taught in this Dera, and all the people are working with this devotion to serve the poor humanity. . . . We have a saying in our hospital: ‘The old man, the distressed man, the needy man, is our God.’”

When asked about the Dera Eye Camp, Dr. Pahwa commented, “The grace of Hazur Maharaj Ji is always here, and it is with his grace, his kindness, that everything works quite smoothly, so we can do our work very easily and in a way that helps in the care of the patients . . . Moreover, Hazur Maharaj Ji is here, so all the patients get well.”

Maharaj Ji visits the operating theater every morning. On the first day of operations, the doctors wait for Maharaj Ji’s darshan and blessing before beginning the operations. Maharaj Ji’s visits are not only a source of inspiration and comfort, but also give all the sevadars and doctors enthusiasm and energy for their laborious duties. And, since the sevadars cannot go to satsang while attending to their duties, most of them are able to see their Beloved only during his visits to the Eye Camp.

Once the operation is completed, the patients are carried back to their wards on stretchers. Then the ward doctors and sevadars check each patient’s identification tag to ensure that he or she is returned to the correct bed.
Before leaving for their operation, the patients are given new sandals and a warm blanket. The sevadars then lead the patients in ward groups to the operating theater.
Those patients too weak to walk are driven to the operating theater. This old lady was radiantly happy. She said, “Maharaj Ji has sent a car for me.” And indeed, he had.

A child being brought to her operation.
Parents accompany their children to their operations.
The patients are seated in rows according to their wards. The ward doctors remain with their patients. Each patient’s identification tag is checked against the list of patients to be operated on. The patient is given appropriate medication. The patient’s hair is combed back, out of the face and eyes.
Eye drops are administered. Mercurochrome is painted around the outside of the eye to be operated on, as an indicator and also to sterilize the area. A bandage is tied around the head, for use after the operation. The patient then waits for his or her row to be called.
The patients are individually led into the operating theater by special operating-theater sevadars. They are seated in the waiting room of the operating theater, while in an adjoining room the anaesthesiologists prepare syringes. Anaesthetic drops are administered in the patients' eyes before they receive injections of local anaesthesia.
Once the anaesthesia takes effect, the patients are led individually into the operating room. Sevadars help them onto one of nine operating tables. The eye of the patient is then draped and prepared for the operation.
Operating doctors and technicians are dressed in freshly sterilized gowns and masks. For sterilization, four UNICEF-type autoclaves are used, as well as a larger, vertical autoclave, borrowed from the Maharaj Sawan Singh Charitable Hospital.
Superior to all
is the servant of all.
—Maharaj Charan Singh Ji
On the first day of the operations, the doctors await Maharaj Ji’s visit to the operating theater and his blessings for the success of the operations.
Lined up in a long queue outside the operating theater, the more than 250 doctors who have come to do seva in the Eye Camp are greeted individually by Maharaj Ji. Maharaj Ji is accompanied by Dr. Mathur and Mr. Madan Gopal Singh.

Masters are spiritual physicians and open one’s spiritual eyes.
—Maharaj Sawan Singh Ji
Before starting their first operation, the surgeons wait for Maharaj Ji's visit. From the balcony of the operating theater, Maharaj Ji views the operating room, giving his darshan and blessings to the doctors and patients. Maharaj Ji visits the operating theater every morning to give darshan to the patients, doctors, and sevadars.
The disciple should implicitly rely on the Master and should give himself up to him in the same way as one confides in a surgeon and trusts his life in his hands.

—Maharaj Sawan Singh Ji
The superior rectus suture is passed, holding the eyelids open.

The Operation Procedure

1. Facial and retrobulbar injections are given in the anaesthesia room under the overall supervision of the anaesthesiologists.

2. The eye is draped.

3. The superior rectus suture is passed.

4. The limbus-based conjunctival flap is prepared. A conjunctivo-sclerocorneal suture is passed and a loop is prepared.

5. A corneo-scleral section is made with a cataract knife.

6. Intracapsular lens delivery is done by intracapsular forceps.

7. A peripheral iridectomy is performed and the iris is reposited.

8. Air is injected in the anterior chamber, if necessary, and the suture is tied. Two additional corneo-scleral stitches are also applied.

9. Subconjunctival penicillin, gentamycin or chloramphenicol is injected. (Gentamycin is preferred in one-eyed patients.)

10. The pad and bandage are applied. (The roller bandage has been found to be unsatisfactory. A modified Moor Field type of bandage prepared in the Eye Camp bandage section is used.)
Dr. Pahwa removes the cataract from the eye. This part of the operation is performed only by Dr. Pahwa, and takes an average of 42 seconds per patient. He performs this procedure on 500-600 patients per day during the Eye Camp.

The corneo-scleral stitches are applied.

The pad and bandage are applied.
The glaucoma operations take place in the Maharaj Jagat Singh Sarai operating theater.

Dr. Pahwa performs the cataract operations on children, who are given general anesthesia. This procedure, called needling or aspiration, is used because the cataract is still soft and can be removed from the eye by suction.
A sevadar gently and lovingly carries a child from the operating room.
A patient being carried from the operating theater on a stretcher, passes before Maharaj Ji.

The Stretcher-Bearers

The patient is carried from the operating room and placed on a stretcher. Stretcher-bearers then carry the patient from the operating theater to his or her ward. Because of the distance to some of the wards, a relay system has been devised, where the patient is carried to a relay point, placed on a stretcher cradle, and then carried by a second pair of sevadars to the ward. Along the way, other sevadars line the route to ensure that no one walks in the path of the stretcher-bearers. On reaching the ward, the patient is again placed on a stretcher cradle. The Ward Master checks the patient's record and directs a third pair of stretcher-bearers to the patient's correct room and bed.
Our hands and feet are useless if they perform no service. . . .
Those who render no service to mankind cannot hope to
achieve anything in this world or hereafter. One who does not
serve his fellow beings is worthless.

—Bhai Gurdas
Maharaj Ji outside the operating theater, conferring with Dr. Mathur and Brigadier Bal.
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>INTRA OCULAR TOTAL</th>
<th>EXTRA OCULAR TOTAL</th>
<th>GRAND TOTAL</th>
<th>WARDS OPERATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1189</td>
<td></td>
<td>603 - 519</td>
<td>603 - 519</td>
<td>603 - 1122</td>
<td>1122</td>
</tr>
<tr>
<td>4-1189</td>
<td></td>
<td>466 - 555</td>
<td>565 - 2275</td>
<td>1687 - 2275</td>
<td>2275</td>
</tr>
<tr>
<td>5-1189</td>
<td></td>
<td>568 - 219</td>
<td>2843 - 219</td>
<td>2843</td>
<td>644 to 77, 78 to 85</td>
</tr>
<tr>
<td>6-1189</td>
<td></td>
<td>560 - 3443</td>
<td>4099 - 105</td>
<td>105</td>
<td>105, 102, 99, 13, 21, 22</td>
</tr>
<tr>
<td>7-1189</td>
<td></td>
<td>551 - 218</td>
<td>234 - 36</td>
<td>36</td>
<td>51, 42, 53, 105</td>
</tr>
<tr>
<td>8-1189</td>
<td></td>
<td>520 - 105</td>
<td>4753 - 105</td>
<td>239</td>
<td>101, 102, 99, 13, 21, 22</td>
</tr>
<tr>
<td>9-1189</td>
<td></td>
<td>5043 - 64</td>
<td>239 - 5282</td>
<td>239</td>
<td>13, 23 to 26, 35</td>
</tr>
<tr>
<td>10-1189</td>
<td></td>
<td>5442 - 278</td>
<td>5681 - 394</td>
<td>394</td>
<td>71, 164, 31, 32, 33</td>
</tr>
<tr>
<td>11-1189</td>
<td></td>
<td>5376 - 321</td>
<td>5815 - 239</td>
<td>239</td>
<td>103, 29, 31, 168</td>
</tr>
</tbody>
</table>

Chart outside the operating theater displaying the daily progress of the operations, including the number of patients operated on each day and their ward numbers.
Maharaj Ji leaving the operating theater. Dr. Pahwa is behind him in a white surgical gown.

Since the day my Beloved first gave me his darshan,
My eyes have unceasingly craved
Another glimpse of His face.
My eyes have the habit of looking for Him everywhere;
Not seeing Him, they burn in pain.

—Mirabai
Post-Operative Care

Minutes after their operation, the patients are lying comfortably back in their beds in their respective wards. The ward doctors and nurses immediately check the patients’ pulse, blood pressure, temperature, and breathing for any sign of complications. The patients are never left alone and are constantly watched by the ward sevadars. Six hours after the operation, patients are allowed to turn onto their non-operated side if they feel uncomfortable lying on their back. The Emergency Hospital and Post-Operative Complication Wards are available for patients who develop problems after their operation and require special attention.

Maharaj Ji visits the post-operative wards every day. He often stops and asks the doctors about the patients' progress and whether there are any unusual cases. He occasionally asks the patients how they are feeling and if there is anything they need. Maharaj Ji is especially giving of his love and affection when he visits the children’s ward.

Maharaj Ji is aware of every aspect of the patients’ treatment and cure. Over the years, he has made numerous suggestions for improving the Camp. An example of his attention to detail and his concern for the welfare of the patients was his suggestion to use stretcher cradles, thus reducing the risk in transferring the patients from one pair of stretcher-bearers to another.

Most patients take nine to ten days for recovery. During that time, a systematic medical program is carefully administered. Prescribed medicines are given at regular intervals and recorded. Doctors make their rounds twice a day, and a ward doctor is always on duty. The patients are bathed daily and massaged while bedridden to encourage good blood circulation. Family members are allowed to visit the patients every day.

Sanitation is of a very high standard. Each ward is kept spotlessly clean by the team of ward sevadars. Toilets are set up outside each hall, and patients are escorted to them. Bed pans are used when patients cannot walk to the toilets. Separate sevadars carry the bed pans to a specially dug septic tank. The bed pans are washed, disinfected, and dried after every use.

The patients’ diet is carefully regulated from day to day. For example, patients are given tea six hours after their operation and milk at night. The following day they are given tea at 6:00 a.m., kichri (rice and lentils) with vegetables at 11:00 a.m.,
milk at 2:30 p.m., and dalia (porridge cooked with milk) at 6:00 p.m. All the food is served hot and fresh and is inspected and tasted by the Chief Medical Officer, Dr. T. N. Mathur, before it is served. The general health of the patients improves during their stay at the Eye Camp, because at home they generally do not get such a nourishing, balanced diet.

Special teams of bandage-changing sevadars (consisting of doctors, nurses, and lay-sevadars) change the patients' eye dressings and bandages four times during the nine days of the patients' recuperation period. With approximately 6,000 patients, that is about 24,000 bandage changes. The teams systematically move from ward to ward, removing the old dressings, replacing them with fresh, sterilized dressings, and then rebandaging the patients' eyes.

Eight full days after their operation, the patients are examined by the Camp's senior ophthalmologist. Those whose eyes have properly healed have their stitches removed. They are kept overnight and examined the next day by an eye surgeon. Only those patients who have no complaints and are found medically fit are discharged. Others are detained in special detention wards until they have properly healed.

It is impossible to say enough about the loving attention the doctors and sevadars give to each patient. Perhaps the following stories, told by Brigadier Bal, will demonstrate the lengths to which the sevadars go in order to comfort the patients:

Sometimes some of the patients become disoriented after their operation, due to the shock of the operation and the medicines. A patient started saying that one of his neighbors was misusing his tube well [on his farm] and taking water from it. So one of the sevadars, understanding the rural background of the patient, posed as his son and told him, “No, papa, those people who were misusing our well have gone, so you should not worry about it.” The patient felt satisfied and went to sleep.

A lady patient once started worrying about her daughter, that she was having marriage problems. She started saying, “No, I will not send her back to her in-laws' house because they ill-treat her.” Two female sevadars on duty heard her. One put on a turban and acted as her son-in-law and the other posed as her daughter. They both came to the patient and knelt at her feet and said, “Mother, we have made up, everything is all right, and we are going back to our home. You shouldn’t worry about us any more.” Hearing this, the woman went to sleep.

“You see,” Brigadier Bal continued, “the sevadars use the rural environment to calm the patients down. They will do anything that is possible to make them happy and to comfort them during their time here.”

Since the sevadars treat the patients with the same love and affection they would a member of their own family, sevadars and patients sometimes become attached to each other and cry when they have to separate at the end of the Camp. Such is the love that envelops and overwhelms everyone at the Dera Eye Camp.
The doctors, nurses, and sevadars are always attentive to the patients' needs and concerns.

This elderly lady had difficulty eating, so the sevadar lovingly dipped pieces of bread in her hot tea and fed them to her.
We do seva with the body so that we may be able to eliminate ego from within ourselves. We feel more humble when we are working shoulder to shoulder with the masses. When we sit with them, at their side, naturally we are filled with humility, we feel we are at their level. So we work with our body for the congregation or for our fellow human beings. We try to be helpful and useful to them just to create humility within us.

—Maharaj Charan Singh Ji
Patients are fed a special diet planned for the post-operative period.

Sevadars wash the patients' hands after they have finished eating.

A patient introduces her visiting family to the patient in the bed next to her.
During the nine days of recuperation and bed rest after the operations, Maharaj Ji visits the wards and inquires about the well-being and progress of the patients. Here Maharaj Ji is accompanied by Mr. Sewa Singh, Administrator of the Maharaj Sawan Singh Charitable Hospital.
The perfect Master or Sat Guru is the true physician, for he has the life-giving herb of the Shabd.

—Maharaj Sawan Singh Ji
This world is blind;
All work in darkness.
No one knows the path without a perfect Master.
On meeting a Master, one sees with one's own eyes.
One realizes the Truth within oneself.

—Guru Nanak
Maharaj Ji visiting the children’s ward.

When a mother looks after her son,
She keeps him always in view;
She feeds him constantly
And caresses him every moment.
So does the Master treat the disciple;
He keeps him absorbed in the love of the Lord.

—Guru Nanak
Maharaj Ji visits the Dera Ward, a separate ward for Dera residents.
As the patients improve, the sevadars encourage them to move about and help them walk to the toilets.
The Bandage-Changing Sevadars

Each patient's bandages are changed four times during the nine days of recovery. Several specially trained teams of sevadars move methodically from ward to ward, carefully dressing the eyes. First, one group of sevadars unties all the bandages in the ward, then the doctors and nurses inspect each eye and administer medication, then another group of sevadars places a sterilized bandage pad on the eye, and finally a last group of sevadars reties the bandages.
He makes the best use of his body who is blessed with the service of a living Sat Guru.
—Soami Ji Maharaj
Patients being led to the Maharaj Jagat Singh Sarai operating theater for stitch removal.

Stitch removal at the Maharaj Jagat Singh Sarai operating theater.
Discharge

Approximately ten days after the first operations are performed, the systematic discharge of the patients begins. On the morning of his or her scheduled discharge, each patient is checked again by the ward doctor and given thorough after-care instructions. Patients are asked if they have any complaints or suggestions for the improvement of the Camp. A discharge form on each patient is completed, noting any problems or special instructions. The patients' personal belongings are brought to them, and they are served their final meal at the Camp. The doctors and ward sevadars then bring their patients to the discharge shamiana to receive final instructions and a post-operative eye-care packet, and to have Maharaj Ji's darshan.

The patients are seated in rows according to their wards, with the ward doctors at the head of the rows. Patients are asked to keep their bandages on and remove them only after reaching home. Each patient is given a green eye shade to cover the operated eye and keep it clean during the trip home. The vision of the patient's good eye is checked and recorded for future reference.

All then sit quietly and wait for Maharaj Ji's arrival. Although some of the patients are satsangis, most are not; yet all share the feeling of gratitude to Maharaj Ji for the miracle of their restored sight. Many faces, of both patients and sevadars, express radiant joy at the sight of the Master. Maharaj Ji's coming to see the patients before they leave is also his way of thanking them, for, as Maharaj Ji has said, "It is a favor the patients are doing, that they give the sangat the opportunity to render service. It is a matter of great good fortune to be able to get the opportunity to do seva. It gives me great pleasure to see people rendering service. Every person derives joy from service, if given the opportunity, for all rests on love and service."

After Maharaj Ji's visit, Brigadier Bal and Dr. Mathur address the patients. They instruct them on the care of their eyes when they return home. The patients are told to see an eye specialist if they have any problems with their eyes, and for prescription eye glasses; or, they may come back to Dera after approximately six weeks (exact dates are given) for this purpose.

Each patient is given an eye-care packet whose contents are carefully explained. Included in the packet is a pair of simple aphakic glasses, for use by cataract patients. Each patient is also given a
Discharge

discharge slip with information regarding the operation, and a printed instruction sheet, written in both Punjabi and Hindi, concerning the after-care of the eye.

The patients are then brought back to their wards to pick up their personal belongings. Many are met by their relatives and taken home. The rest are either brought to the train station and helped onto their appropriate trains or they are escorted to the chartered buses arranged by the Dera to take them to their homes in the surrounding area. Each bus is carefully marked with its destination, and the sevadars make sure their patients board the right buses. The sevadars also carry the patients’ luggage to the buses and make sure it travels home with them. The departure procedure reflects the same care and systematic approach as all other aspects of the Eye Camp.

Occasionally patients have no money for transportation or their relatives do not come for them as arranged. Sevadars, out of sheer love for the Master, take these patients home and explain to their families how to take care of the newly operated eye.

Brigadier Bal commented that at the end of the Camp, there are always a few patients who don’t want to go home. This is especially the case with elderly patients. “Often the elderly people are not loved by their relatives and are considered a burden,” he said. “At the Eye Camp they have better food, are cared for more, loved more, and above all, they receive the blessings of Huzur Maharaj Ji the whole time.”

Maharaj Ji is very careful that the Eye Camp remain a separate function of the Dera and that it not be used to influence people to accept the Sant Mat philosophy. Brigadier Bal further explained this point:

Nobody wants them to get initiated. Maharaj Ji’s policy is that the Eye Camp is not for the sake of spreading Sant Mat. When the Eye Camp is going on, satsang and initiation is also going on at the same time. Maharaj Ji has given instructions that those who have come to Dera for the Eye Camp should only be admitted into the Eye Camp, and those who have come to Dera for Nam (initiation) should be considered purely for Nam, but you can’t have both together.

Those from the Eye Camp who, during their stay, decide they want to be initiated, have to come back another time, so that nobody gets the impression that this Eye Camp is to persuade people to get initiated. There is no ulterior motive. In the mornings, at discharge, when the patients are leaving, after I have read out the eye-care instructions, I always ask them if anybody has taken any gift from them or if anybody has taken any advantage out of them for serving them. They always say no. It is all done in the service of the Master.
On the morning of the patients' discharge, they are led to the discharge area for after-care instructions and Maharaj Ji's darshan.

Once the patients are assembled in the discharge tent, the sevadars tie green eye shades on them to protect the operated eye during the trip home.

Ward doctors and nurses test the vision of the patients' non-operated eye and record the information for future reference.
Maharaj Ji comes to the discharge tent every morning. The faces of patients and sevadars alike radiate their joy and gratitude upon seeing the Master.
The Supreme Lord comes to us in the form of a Master. He knows and feels our sufferings and loves us.
—Maharaj Sawan Singh ji
The Master is merciful and bountiful; He is always compassionate. The Master is free from enmity, He sees the Lord in all.

—Guru Nanak
Brigadier Bal gives after-care instruction to the patients and bids them farewell in the name of Maharaj Ji.

Dr. Mathur discusses some points about medical after-care with Brigadier Bal.
While the patients listen to Brigadier Bal and Dr. Mathur, sevadars pass out after-care packets consisting of:

1. Printed instructions in Punjabi and Hindi regarding the after-care of the eye.
2. Discharge slips regarding their eye operations.
3. A tube of eye ointment. Those who require Atropine or Dexamethasone (Beinesol) are given a tube of that medication.
4. 10 fersolate and 10 multi-vitamin tablets
5. Sterilized surgical cotton.
6. Boric acid in a plastic container to be used in making boric lotion for cleaning the eyes.
7. A pair of aphakic eyeglasses.
8. A lint cloth to be used for cleaning the eye glasses.

In addition, patients requiring treatment for hypertension, bronchitis, asthma, and diabetes are given a three-day supply of the appropriate medicine and are instructed to consult a doctor for further treatment.
Patients leave the discharge tent and return to their wards to pick up their belongings before going home.
All sevadars must attempt to work in complete harmony as a thoroughly integrated team to ensure that the persons who are treated in our Camp leave with the impression in their minds that they have been given the best possible treatment in the world and that they have been served with utmost selfless devotion by the devotees of the true living Master.

—Eye Camp Sevadars Instruction Book

Sevadars carry the patients' belongings to the buses and ensure that they board the right buses. These buses are chartered by the Dera to take the patients to their homes in nearby towns and villages.
Sevadars’ Prashad

Sevadars’ Prashad is the culmination of the love and devotion of the more than 7,000 sevadars for their beloved Master, Maharaj Charan Singh Ji. The selfless service performed by the sevadars is performed for only one reason: to please their Master. One glimpse of their Master is sufficient thanks for them.

The doctors and other sevadars quietly gather in a large open area and wait for their Master to appear. As they wait for their Beloved, the air becomes filled with the waves of their devotional singing. A large mound of puffed rice waits for their Master’s blessing, to be transformed into Prashad. Those sevadars who will distribute the Prashad to their brother and sister sevadars sit alongside the mound in anxious anticipation.

As Master drives up and gets out of the car, the atmosphere becomes charged and silence reigns. With deep humility and grace, Master closes his eyes and silently blesses the Prashad, bowing to his Master when finished. Still in silence, Master climbs the stairs of the dais, bows to the sangat, and takes his seat. Soon the waves of singing rise again from the crowd, this time with even greater devotion. Love wells up from the depths of the disciples and pours out to their Beloved. The Master receives their love with humility and returns it to them a hundredfold. Throughout this play of love, sevadars quietly walk down the rows and distribute the Prashad. Tears flow from all sides. For this short period of time, nothing else in the world exists—only the lover and the Beloved. The Master exists only for his disciples and the disciples exist only for their Master. The Master slowly views the entire crowd, not missing anyone. Each disciple feels alone with his Master; no one is conscious of the surrounding crowd.

Though this love play is usually spoken from heart to heart, on two recent occasions Maharaj Ji was moved to address the Eye Camp sevadars:

November 20, 1985

Huzur Maharaj Ji [Maharaj Sawan Singh] used to say that blessed are those who get the opportunity of serving others. It is the infinite grace of the Lord that the eye patients have given the sangat the privilege of serving them. There is no parallel in the world to the love and devotion with which you have all served the
patients, performing the most arduous duties, unmindful of your comfort and convenience. I do not have words to express my feelings of appreciation. All that I can do is to pray to Huzur Maharaj Ji that he may bestow his grace on all of us.

November 22, 1987

The foundation of this Dera was laid by Baba Ji Maharaj and Shri Huzur Maharaj Ji only on love, seva, humility and meditation. In this Dera all are equal—rich and poor, woman and man, of any race or religion—there is no question of caste or creed. This Dera belongs to all, to every satsangi.

The love with which the sangat serves the eye patients is but a noble example of these principles. The love and devotion with which you have served the eye patients this year and have served them every year—I am not exaggerating—has hardly a parallel in the world. I am not used to making long speeches—I am only used to folding my hands [in obeisance] before Huzur Maharaj Ji [Maharaj Sawan Singh].

Now, too, I fold my hands before him to beg that he continue to bless his sevadars to serve the eye patients as in previous years and likewise to shower his grace on myself and the sangat.

Then, standing before the sangat, Maharaj Ji bows in appreciation. The sangat bows in response, and all quietly murmur, "Radha Soami." Maharaj Ji leaves, and the crowd slowly disperses. But both the lover and the Beloved stay in each others' hearts forever.
Maharaj Ji blessing Prashad.
While Maharaj Ji gives his darshan and blessings, sevadars distribute Prashad to the assembled Eye Camp sevadars.
By serving the Master, our heart attains union with his heart. Thus Nam will become manifest in us and we shall be able to meet the Lord without much further effort. All our desires will be fulfilled because we shall have no other desire left.

—Maharaj Sawan Singh Ji
O friend, my eyes will remain occupied
only when looking at Him,
only when I meet the dear Lord.
He will forever dwell within my eyes,
I will not blink,
for fear of losing sight of Him.

—Mirabai
The highest service is that of the Guru, and it is also the purest. The Guru is free from all ties and attachments. He is an ocean full of the surging waves of love. By serving him, we become free from ties and attachments to the world. Then intense love of God is awakened in us.

—Maharaj Sawan Singh Ji
Epilogue

Dr. J. M. Pahwa — A Brief Biography

Born on July 4, 1922, in Multan (presently Pakistan), Dr. Pahwa received post-graduate medical training in England, Austria, Holland, Spain, and the United States, and holds the degrees of MBBS, DO, ZO, MS, FACS, and FAMS. After serving as ophthalmic surgeon for 25 years at the Sitapur Eye Hospital in the state of Uttar Pradesh (U.P.), since 1974 he has been the chief medical officer of the Gandhi Eye Hospital in Aligarh, U.P. He founded the Sundari Eye Hospital at Agra and has established eye clinics in New Delhi, Agra, Mathura, and other cities. Each year he arranges several eye camps, at which he performs cataract surgery. Dr. Pahwa has performed more than 300,000 eye operations during his career. He has been chief surgeon at the Dera Eye Camp every year since 1965. Recipient of India’s highest honors—the Padma Shri Award in 1973 and the Dr. B.C. Roy National Award in 1976—Dr. Pahwa has established a trust to which he has donated all his prize monies. He is the author of four books on the retina and numerous research papers. For many years, Dr. Pahwa has served on committees and societies devoted to the cause of eradicating blindness. His motto is “Reach Out and Restore Sight.”
At Maharaj Ji’s request, Dr. Pahwa met with foreign satsangis visiting the Dera in November 1989 to talk about the Eye Camp and answer questions. The mutual affection and respect between Maharaj Ji and Dr. Pahwa can best be demonstrated in the following comments made during that meeting:

_Maharaj Ji:_ By now you all have become familiar with Dr. Pahwa’s name. He has been associated with our Eye Camp right from its inception. He is dedicated to the cause of eliminating blindness. He is a well-known eye surgeon, nobody can doubt that, but over and above, he is very humble, he is very lovable and a kind person. He is unconscious of his greatness . . .

_Dr. Pahwa:_ I would like to thank and pay my great gratitude to Huzur Maharaj Ji. The success of the Camp was because of him, and the grace and the devotion and the atmosphere here . . . Selfless service is a part of our duty. We have learned it more here than at any other place.
If you wish to see the Lord,
Use the dust of the Saints' feet as collyrium.
They have the power to make the born-blind see.

—Shams-i-Tabriz
One of the many ground paintings at the 22nd Dera Eye Camp, held in November 1989. Sevadars often paint the ground in a variety of designs as a way of decorating the Camp.

“This whole Eye Camp is based on love and service, dedicated service by the doctors, dedicated service by the sevadars, by the technicians, by everybody. Without dedication, you can’t make such a camp a success.

We feel fortunate that these patients give us the opportunity to serve them. It is a very rare opportunity to serve anybody, so we are grateful to the patients that we get this opportunity to serve them.”

—Maharaj Charan Singh Ji