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*Remembrances*

## McSurgery: A Man Who Saved 2.4 Million Eyes

Ophthalmologist in India  
Revamped Care for the Poor

By **STEPHEN MILLER***August 5, 2006; Page A6*

*Today, The Wall Street Journal begins a weekly column that notes the passing of people who have left an imprint on the world of business.*

### Govindappa Venkataswamy, eye-care pioneer (1918-2006)

With 2.4 million served, the Aravind Eye Care System in India is in a way the McDonald's of cataract surgery: efficient, effective, influential and -- rare for health care in the developing world -- a clear financial success.

It began with one man, Govindappa Venkataswamy, an ophthalmologist who died July 7 at age 87 after a long illness. Dr. V, as he was universally known, created one of the largest eye-care systems in the world, catering largely to the poor in Tamil Nadu, a state in southern India. He was inspired, Aravind says, by the assembly-line model of McDonald's founder Roy Kroc -- learned during a visit to Hamburger University in Oak Brook, Ill.




Aravind Eye Care System

Building on those lessons, he created a system for sight-saving cataract surgeries that produces enviable medical outcomes in one of the poorest regions of the globe. Its rapid expansion over three decades was not built through government grants, aid-agency donations or bank loans. Instead, Dr. V took the unusual step of asking even poor patients to pay whenever they could, believing the volume of paying business would sustain the rest. Poor people with cataracts in Tamil Nadu can get their sight restored for about \$40. If they can't afford that, it's free.

Starting with an 11-bed clinic in 1976, Dr. V's system is now a five-hospital system. His model became the subject of a Harvard Business School case study, and is being copied in hospitals around the subcontinent. The cheap, high-quality implantable

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Govindappa Venkataswamy 'Dr. V' credited the assembly-line methods of McDonald's with the financial success of his eye-care centers, which cater largely to the poor in India.

lenses the system manufactures are exported to more than 80 countries around the world, Aravind says.

Dr. Venkataswamy's basic insight was that health care can be marketed to the poor if a program is closely tailored to a local niche, something that has come to be known as social marketing. In a country with, by some estimates, 20 million blind eyes -- 80% of them due to curable cataracts -- the appeal for patients was financial. "A blind person is a mouth with no hands," is an Indian saying that Dr. V liked to quote. In India, health professionals say, the years of life left to those who go blind can be counted on one hand. With sight restored, the patient can return to work.

The Aravind system offers services that range from a simple pair of spectacles to optical oncology. The bulk of surgeries are to treat cataracts -- removing the cataract and replacing it with an artificial intraoptical lens.

The assembly-line approach is most evident in the operating room, where each surgeon works two tables, one for the patient having surgery, the other for a patient being prepped. In the OR, doctors use state-of-the-art equipment such as operating microscopes that can swivel between tables. Surgeons typically work 12-hour days, and the fastest can perform up to 100 surgeries in a day. The average is 2,000 surgeries annually per surgeon -- nearly 10 times the Indian national average. Despite the crowding and speed, complication rates are vanishingly low, the system says.

Outside the operating rooms, conditions are as spartan as the tables at a fast-food restaurant: Often only a straw mat on a ward floor for postsurgical recovery. Patients who pay more than the basic \$40 -- about 30% of patients -- can receive cushier treatment such as private rooms for extended recovery, and hot meals.

Dr. Venkataswamy was born in a poor rural Tamil Nadu village. A wealthy uncle paid for his secondary schooling. He joined the Indian Army Medical Corps in 1945, where he came down with rheumatoid arthritis that threatened his dreams of a medical career. It was only after long therapy that he trained his gnarled fingers to manipulate a surgeon's scalpel.

As an ophthalmologist, Dr. V was exposed to the enormity that is rural blindness in India. He researched vitamin A deficiency, a major cause of blindness in children, and began organizing rural fairs where peasants gathered for eye treatment. In 1976, at age 58, he opened the Aravind Eye Hospital in Madurai, in Tamil Nadu. With him came two other doctors: his sister and her husband, both eye surgeons. All three took pay cuts to pursue what at the time must have seemed an almost quixotic venture.

Certainly it seemed so to bankers, who wouldn't lend money to a clinic that promised eye care to poor and rich alike, regardless of ability to pay, according to an Indian business journal. So Dr. V mortgaged his house. Within a year, the clinic quadrupled in size. By 1981, a 250-bed hospital was complete, and the basic Aravind model was in place.

Dr. V liked to say that his ambition was to stamp out needless blindness in India, and broaden his model all over the world. "Tell me, what is this concept of franchising?" Dr. V commented to the Harvard Business School researcher who conducted a case study in 1994. "Can't we do what McDonald's and Burger King have done in the United States?"

He has laid the groundwork for it. Aravind says its model has made significant gains in the subcontinent in recent years, with the basic model being adopted in hospitals in Mumbai, Kolkata and Nepal, and the Indian government adopting its medical protocol for training centers around the country.

Teams of Aravind consultants advise hospitals in East Africa and the Far East. Aurolab, the Aravind system's successful manufacturing arm, says it produced 6%-7% of the low-cost lenses world-wide in 2002, and has sold them in 120 countries -- though not in the U.S., where Food and Drug Administration regulations are a prohibitive hurdle.

But Dr. V's dream of McDonald's-style eye-care franchises around the world may prove difficult, because the culture of Aravind involves more than the profit motive and a fast-food manual. Like Dr. V, many of the highly dedicated surgeons and staff are devotees of Sri Aurobindo, a Hindu master for whom the hospital was named. Dr. V has said they are "building an organization that seems to be linked to the higher consciousness."

The work is grueling, and while pay is comparable to that of government surgeons, retention is still a problem. A quarter of the professional staff defects each year to better-paid jobs in the private sector, the system says.

Management is still largely with Dr. V's family. But where are the charismatic capitalists to open new Aravinds abroad? "So far we have not been able to develop entrepreneurs in health from the management side," Dr. V lamented in a 2004 interview with an Indian business journal. "Everybody wants to be an entrepreneur in information technology or an associated field."