From the President:

Dear Friends,

On behalf of my fellow Board Members and myself, I extend my congratulations to the International Eye Foundation (IEF) on the event of its thirtieth anniversary. Its accomplishments have been remarkable.

We have continued to follow the pioneering spirit of our founder Dr. John Harry King, Jr. From his leadership role worldwide in the eye banking movement he saw the future in public health eye care, a future that would prove to be full of landmarks by the IEF. Groundbreaking work in the training of ophthalmic personnel, the standardization of blindness prevention surveys andRiver Blindness control are just a few of the accomplishments of which we are particularly proud.

In an ever-expanding attempt to improve awareness of the methods available to combat avoidable blindness, the IEF has been an advocate for comprehensive training programs for paramedical-ophthalmologists and cataract surgeons, public health education, and the use of appropriate technology. This advocacy has resulted in an increased awareness of the steps that can be taken to prevent and avoid blindness. The formation of national policies to address the issue of avoidable blindness, assumption of our programs by ministries of health and the development of national blindness prevention committees are the positive results of this growing awareness.

All changes take time to affect. IEF has devoted the time to change for the better the lives of many people through its work in blindness prevention.

Arnold B. Simonse, PhD

From the Executive Director:

Dear Friends,

The IEF reached a small milestone in 1991, celebrating 30 years of accomplishment and growth. I am reminded of Henry Ford’s quote, “You can’t build a reputation on what you are going to do.” The IEF looks back proudly at three decades of what it’s done, recognizing challenges, identifying goals, mobilizing resources, and taking risks to prevent blindness.

The reasons which drive the IEF are great and small. They may be the horrendous statistic that approximately 42 million people are blind in the world today, or the glinting eyes and quiet smile of a starving child whose eyes will shine no more without the help of someone who cares. These are the reasons why the IEF continually seeks and meets greater challenges in the fight against blindness.

The IEF was the first international non-governmental organization dedicated to blindness prevention in the developing world and has been a leader ever since. Dr. John Harry King, Jr. began by sending volunteer ophthalmologists, nurses and technicians to Asia, Africa, and Latin America. If only he could have foreseen the opening of Eastern Europe and known that, in 1991, the IEF would be there as democracy and a brand new future take hold.

No longer alone in the effort to fight blindness, the dedicated professionals at IEF headquarters and around the world are committed to the ongoing international effort — whether the task is to motivate a government to establish a prevention of blindness policy affecting millions, or merely to give a vitamin A capsule to a starving child whose sight might be saved.

Victoria M. Sheffield

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HISTORICAL PERSPECTIVE

Thirty years ago, the IEF was founded as the International Eye Bank (IEB) and served as a part of CARE/Medico. Under the leadership of John Harry King, Jr., MD, a highly respected ophthalmologist and one of the founders of the eye bank movement, the IEF assisted with the development of 29 eye banks in 26 countries. However, Dr. King came to realize that the eyeball of a person could be saved by treating them through preventative rather than curative measures, and in 1965, the IEB became the International Eye Foundation.

The mark of true visionaries is their ability to expand the horizons of those around them. Dr. King had this gift. He began by sending long-term fellows to developing countries to work with the ministries of health to develop strategies for blindness prevention. In this way the IEF was able to strengthen the commitment by developing countries to implement blindness prevention programs.

During the years of the International Eye Bank, a fellowship program was established to bring foreign ophthalmologists to the US for specialty training. These doctors returned home after six months and joined the ranks of the ophthalmological leaders of their countries. Among these doctors are Dr. Pawlos Quaza'a in Ethiopia and Dr. Ridha Mabrouk in Tunisia, now highly respected authorities of public health ophthalmology in their countries.

In 1972, Dr. Randolph Whitfield was given the responsibility of coordinating the Kenya Rural Blindness Prevention Project. This was a six year program in cooperation with the Kenya Ministry of Health and the Kenya Society for the Blind that was designed to reduce avoidable blindness and improve the level of eye care services to the rural poor of Kenya. Specific stages of the project included blindness prevalence surveys, strengthening the capabilities of the established system of therapeutic rural eye care, and improving understanding of the importance of blindness prevention. This foundation for improved eye health care has been developed by the Kenya Ministry of Health in cooperation with the Kenyan Society for the Blind, an indigenous non-governmental organization, into a long-term commitment to improved eye health. The Kenya Project has served as a model for other African countries, and originated the blindness prevalence survey form since adapted by the World Health Organization for use in similar projects.

Following Dr. John Harry King’s vision, training has always been a priority in IEF programs. While all programs contain a component of training, during the course of IEF’s history, numerous programs have been dedicated solely to the transfer of skills and knowledge. Training programs for Ophthalmic Medical Assistants and cataract surgeons have been conducted in Kenya, Malawi and Ethiopia. US Ophthalmic Medical Technicians have trained nurses and paramedical personnel in Cairo, Bangladesh, Indonesia, Jordan, El Salvador and the Caribbean.

As the first American non-governmental organization to implement a community-based distribution program for the recently developed drug, Mectizan, IEF was at the forefront of a new movement to treat onchocerciasis, commonly known as River Blindness. IEF’s pilot program began implementation in 1989 in collaboration with Africare and the Nigeria Ministry of Health in Kwarara State and has since served as a model for other community-based Mectizan distribution programs in endemic areas.

Among the exceptionally memorable achievements of IEF are those projects that stand out for their role in shaping the field of international blindness prevention. In retrospect, we can see how the IEF played a large role in building the foundation for the numerous international blindness prevention activities now being implemented by many different agencies.
FIVE LEADING CAUSES OF BLINDNESS IN THE DEVELOPING WORLD

Cataract
It has been estimated that 80% of the blind population in the world, or twenty million people, are blind because of cataracts. This widely prevalent condition affects the lens of the eye turning it from clear to opaque, therefore limiting visual acuity. The cataract or lens opacity usually starts small but progresses, maturing to a point where the victim can perceive only light images.

Cataract problems usually affect only older populations, although the problem can occur in newborn babies or result from an injury or another disease. Cataracts can be surgically removed and blindness avoided with a simple operation. The affected lens is removed and the optical power of the lens is restored through spectacles, contact lenses or intra-ocular lenses implanted directly into the eye. 95% of people who have a cataract operation have visual acuity improved significantly.

Xerophthalmia
Xerophthalmia is a nutritional blinding disease caused by vitamin A deficiency. IEF programs are concerned with the effects of this disease on infants, young children and nursing mothers. Vitamin A deficiency results when there are not enough vitamin A-rich foods in the diet or the child cannot absorb the vitamin A from foods because of illness. Simply stated, when the body is deficient in vitamin A, the eyes, as well as the lining of the lungs and intestines, become dry and are at risk of infection. Additionally, the eyes are at risk of blindness. Initial damage to the cornea can be reversed with vitamin A treatment. IEF programs look for a longer term solution to this problem. In addition to vitamin A capsule distribution, the programs focus on nutrition education for mothers and children in an attempt to prevent children from developing the disease in the first place. Also, IEF programs promote home gardening and agricultural education to teach families how to grow vitamin A-rich foods for home consumption.

Trachoma
Trachoma is a contagious eye disease that affects approximately 500 million people worldwide. At least 2 million have been blinded from trachoma with many more suffering severe visual handicaps. If diagnosed early, trachoma can be treated medically with antibiotic ointment, thereby preventing damage to the eye. However, public health education and sanitary improvements are more effective than therapeutic treatment because the disease is exacerbated by poor hygiene and living conditions. If water is available, simple health messages promoting frequent hand and face washing can interrupt the transmission of the disease.

People most severely affected by trachoma have usually been repeatedly infected. Severe scarring of the tissue under the eyelids occurs which can cause entropion - the eyelid turning permanently inward. The inwardly turned lid forces eyelashes to brush against the cornea, leading to ulceration, scarring and blindness. Corrective lid surgery can prevent the scarification of the cornea and blindness if performed early. Once the cornea is scarred, however, the patient is blind.

Onchocerciasis
Onchocerciasis, or “river blindness,” is a parasitic disease threatening the sight of one hundred million people worldwide. Transmitted by the bite of a small black fly, this serious disease is found in many regions throughout Africa and, to a smaller extent, in Latin America. It is estimated that 150,000 people in developing countries are now blind as a result of onchocerciasis. In the early 1980s, a miraculous new medication to control onchocerciasis was developed by Merck & Co., Inc. By receiving one tablet of Mectizan every twelve months, the commonly experienced symptoms of itching, disfigurement, and eye complications are brought under control. This highly effective and safe drug is now only available, but it is provided without charge by Merck & Co., Inc. for as long as it is needed.

The challenge for the IEF is to deliver the new onchocerciasis treatment to people living in some of the most remote areas of the world.

Glaucoma
Glaucoma is a disease in which the aqueous fluids inside the eye do not drain properly, resulting in damaging pressure to the optic nerve and retina. Although the disease itself cannot be prevented, the harmful pressure can, if detected early, be regulated by medications or controlled by surgery. As open-angle glaucoma progresses slowly and painlessly, it often remains unnoticed until much peripheral vision has been lost. Damage caused by high intraocular pressure is irreversible.

IEF'S ONGOING PROGRAMS...

NIGERIA
The West African nation of Nigeria is plagued with the highest prevalence of onchocerciasis in the world. It is estimated that twenty million Nigerians are at risk of infection. For people living their lives in these endemic regions, blindness is an accepted part of middle and old age.

In the Kwara State of Nigeria, the IEF, with its partner Africare, implemented the first community-based river blindness control project by American non-governmental organizations in Africa. This extremely effective program has established a replicable model in service delivery that has gained international recognition.

Over 50,000 Nigerians have now received the sight-saving drug, Mectizan through the IEF/Africare mass-distribution program.

Africare, with the technical assistance of IEF, has now geographically expanded treatment to include Gongola State, which contains 600,000 people at risk.
MALAWI

Vitamin A
The second and final year of the Child Survival Project in the Lower Shire Valley of Malawi is now almost at an end. In the Lower Shire Valley, nearly universal coverage of Vitamin A capsule distribution to children under age six was achieved. Throughout 45 villages, IEF Village Health Workers not only teach about and dispense vitamin A, but also relay information door to door on nutrition education, promotion of immunization, diarrheal disease control, and prevention of blindness. Under the direction of Dr. Paul Courtright, the project will be expanded to the entire district after the second year.

Clinical Services
IEF's ophthalmologist, Dr. Susan Lewallen, is providing clinical eye care services in the Queen Elizabeth II Hospital (QEII) in Blantyre. She performs surgery for cataract and a full range of ophthalmic surgical procedures, including congenital cataract and glaucoma in children. Dr. Lewallen is one of only two ophthalmologists for the entire southern region of Malawi, which has a population of 3,000,000.

ETHIOPIA
This year has been a time of great transition for the country of Ethiopia. With the fall of the Marxist government and the end of full-scale civil war, a time of democratization, reorganization and rebuilding is at hand. Despite the year of immense turbulence, twenty-three Ophthalmic Medical Assistants were able to complete their training and graduate from the Ophthalmic Medical Assistants Course offered by the IEF and administered by Dr. Pawlos Quanisa and Bulti Kalbessa. These new graduates will join the thirty-five previous graduates currently treating patients in clinics throughout the entire nation. In Ethiopia, where it is estimated that there are 2.5 million patients per ophthalmologist, OMAs are providing sight-saving ophthalmic clinical and surgical services to people in rural communities who would otherwise have no access to eye care.

CAMEROON
The IEF received the exciting news that would allow our fight against river blindness to extend even further. Funded by a grant from USAID, the IEF and its partner Tulane University will set up an office in Cameroon. This nation has the third largest prevalence of river blindness in the world!

The newest IEF River Blindness program will be under the direction of Dr. Basile Kolko, a Cameroonian physician and graduate of Tulane University’s School of Public Health. He will be working closely with the Ministry of Health to implement the project in Djé et Lobo, South Province.
Vitamin A

With the threat of cholera spreading throughout Latin America, it has become extremely important for Guatemalans to be knowledgeable about proper nutrition. Cholera spreads through poverty-stricken areas where there is poor hygiene and sanitation. Children living in these communities are often malnourished, even severely, and there is a high infant mortality rate. These children are at a higher risk of death caused by disease than are healthy, well-nourished children. They often have no access to health care.

Children who receive vitamin A have an improved health status and are better able to fight diseases which attack them. The presence of cholera has motivated all health workers to focus on practices which promote the use of protected clean water, better nutrition, oral rehydration therapy, treatment for intestinal parasites and the provision of vitamin A to infants and children. In October, the IEF began the implementation of a new Vitamin A for Child Survival project in Alta Verapaz, Guatemala.

In 33 rural communities, the IEF, in coordination with the Guatemala Ministry of Health and the National Committee for the Blind and Deaf, organizes health rallies to provide vitamin A distribution, immunization, oral rehydration therapy, treatment for intestinal parasites and crucial health education. These rallies are followed by household visits by IEF-trained Village Health Workers to reinforce health messages. Project staff have already established 26 home and school gardens to demonstrate how families can improve their diets with vitamin-A rich homegrown fruits and vegetables.

Intrahousehold Food Distribution Study

In order to fight malnutrition and xerophthalmia, it is necessary to understand the families who are at risk. The IEF and the National Committee for the Blind and Deaf, with support from USAID, worked together to research the cultural barriers to the consumption of foods containing Vitamin A. This was accomplished through house to house anthropological and dietary observations and interviews. With the important results of this study, the IEF will be able to reach thousands more effectively by utilizing strategies which will better motivate families with respect to the importance of vitamin A in their children's diets.

Provita

One of IEF's major objectives is to support and strengthen the skills of indigenous organizations abroad. One program especially designed to meet this objective is the Vitamin A Provita program. CeSSIAM, the research branch of the National Committee for the Blind and Deaf in Guatemala, is working in collaboration with IEF to conduct a study to determine whether the consumption of locally grown, indigenous vitamin A-rich plants is acceptable to families in the effort to improve the overall vitamin A in their diets.

Prior to initiating this study, common indigenous plants were analyzed to determine their vitamin A content. The data from the analysis were used to estimate the serving of plants that would result in the recommended daily intake of vitamin A.

The final component of the Provita project is to increase the capacity of CeSSIAM to analyze blood for retinol content. The analysis will determine the overall effectiveness of this strategy.

Onchocerciasis

For two years, the IEF and the National Committee for the Blind and Deaf of Guatemala have been working in the mountainous Yopocapa region to prevent onchocerciasis. 10,000 people have already been reached by the sight-saving medication Mectizan.

The IEF has plans to extend its services to the neighboring province of Suchitepequez. 35,000 people in this remote region will receive treatments to prevent River Blindness. By extending education and Mectizan distribution services further and further, the goal of totally eliminating this disabling disease from Latin America will one day be achieved.
HONDURAS

Vitamin A

With more and more people flocking to the cities throughout the developing world, it has become increasingly important to direct health care services towards urban populations. In Tegucigalpa, the capital of Honduras, the IEF is fighting to save the sight and lives of thousands of children residing in the ever-growing shanty towns on the outskirts of the city. Through health and nutrition education, the promotion of home gardening, as well as vitamin A capsule distribution, the IEF, with the support of the Ministry of Health, is reaching the mothers and children living in 25 of these marginal peri-urban slum communities. The IEF Project ophthalmologist screens and treats residents with eye problems throughout the project area.

Magi Eye Clinic

In the northern city of San Pedro Sula, the very successful Magi Eye Clinic located in the Mario Catania Revus Hospital for the Poor, treated 9,600 patients in the out-patient clinic, performed 267 major surgeries, performed 384 minor surgeries, and saw 448 emergency consultations. Funded largely by the Ramona and William M. Carrigan Foundation, this modern clinic provides care for the poor who otherwise would have no access to eye care services.

With overall supervision by IEF Senior Medical Director, Dr. Lawrence M. King Jr., the clinic has expanded. The only A and B scan ultrasonography unit in Honduras is now available for treating patients at the Magi Eye Clinic. The clinic is staffed by five ophthalmologists and three nurses, and provides outpatient eye care five days a week and emergency services seven days a week.

The newly established outreach clinic in Santa Barbara, Honduras is providing increased services to save the sight of the rural poor. The IEF shipped over $380,000 worth of equipment and supplies to these two clinics in 1991, in the continuing effort to provide care to those at risk of blindness.

BULGARIA

In 1991, the IEF received one of the first grants given by USAID for the newly independent countries in Eastern Europe. In Sofia, Bulgaria, the IEF is establishing a Center for Sight which will provide modern eye care services to a population of 1 million in Sofia District, and serve as a referral center for the entire country of 9 million people.

The collapse of communism in Eastern Europe in late 1989 and early 1990 created great opportunities, but also great challenges. Prior to the collapse, Bulgaria procured much of its medical equipment and supplies from East Germany. When East Germany ceased to exist, much needed medical provisions were in short supply in Bulgaria because longstanding trade agreements were no longer in effect, and they had little foreign currency to buy needed supplies from the West. As the US and Europe mobilized to assist the people in Eastern Europe, the IEF developed a plan to assist with the provision of necessary ophthalmic medicines and supplies through the generosity of many corporations including Alcon, Merck, Allergan, MIRA, Zeiss-Humphrey, and others.

More than $400,000 worth of ophthalmic equipment is being shipped to the new Center. This technology transfer will greatly enhance the ophthalmologists' ability to treat all types of ocular conditions and will negate the need for patients to be sent out of the country for care.

We have learned that ophthalmologists have not had access to modern technology and thus, their training lags behind their global neighbors to the west. Visiting professors with subspecialties varying from retinal/vitreous to glaucoma, pediatrics, and neuro-ophthalmology are being recruited by the IEF to teach at the Center and around the country.

Additionally, as the last prevalence data on blindness is approximately 50 years old, the IEF, in collaboration with the Dana Center for Preventive Ophthalmology at Johns Hopkins University, will conduct a visual impairment survey in Sofia District to determine the leading causes of blindness. Lastly, the IEF will work with the Ministry of Health and the World Health Organization to help establish a National Blindness Prevention Committee which will coordinate all blindness prevention activities in the country.

The IEF is proud to be on the ground floor as Bulgaria makes its transition to democracy, a market economy, and a new future.
St. Kitts and Nevis
The 40,000 residents on the Caribbean islands of St. Kitts and Nevis have never had access to a permanent, full-time ophthalmologist. With some of the highest rates of glaucoma in the world, the need for professional eye care is critical. Through the IEF’s Ophthalmology Volunteer Program, ophthalmologists travel to St. Kitts and Nevis to volunteer their valuable time and skills. Ophthalmologists attend clinics where people from miles around wait patiently to be examined. Those requiring sight-restoring surgery are scheduled for an operation by the visiting surgeon. Without IEF support, the people of St. Kitts and Nevis would be at a significantly higher risk of blindness.

Global Aid
During the course of the year, the IEF received requests for assistance from indigenous non-governmental organizations and ministries of health in areas of the world outside of our project countries. Ophthalmic equipment and supplies valued over $225,000 were sent by the IEF to bolster the ophthalmic services provided to the people of Belize, Grenada, Haiti, India, Jordan, Mexico, Uganda and Turks and Caicos.

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