Board of Directors...

Honorary Board
Letticia Baldridge
The Honorable Julian Bond
His Highness Prince Faisal bin Farhan
bin Abdullah al-Faisal al-Saud
Her Majesty Queen Noor
Bruce E. Spivey, MD
Barones Garnett Stakkelberg

Governing Board
President & Senior Medical Director
Frank S. Ashburn, Jr, MD, Ophthalmologist
Vice President
Rowland R. Bradley, Management Consultant
Treasurer
Susan T. Fritschler, Government Relations
Secretary
Georgianna Hallheimer, Commercial Realtor
Cynthia Anthony, International Affairs & Economics
Elizabeth Aiken Burt, Certified Ophthalmic Technician
William D. Clark, Military Strategist, US Army, retired
Ron Coopersmith, International Business and Investment
E. Gail de Plasque, PhD, Physicist
Peter Y. Evans, MD, Ophthalmologist, retired
Cyd Miller Everett, Public Relations, retired
George R. Floyd, Investment Advisor/Broker
Paul T. Gavaris, MD, Ophthalmologist
Julia Sevilla-Somoza de Hopping, Health Administrator
Ruth Insel, Social Worker, retired
His Excellency Tony Kandiero, Diplomat
Ambassador, Republic of Malawi to the United States
Kathryn D. Leckey, Esq., Attorney
Michael A. Lemp, MD, Ophthalmologist, retired
His Excellency Jerome Mendouega, Diplomat
Ambassador, Republic of Cameroon to the United States
Marsha B. Neims, Health Care Management Consultant
Vladimir Ossenov, Economics and Foreign Trade
Mark Pyle, Investment Advisor

In Memoriam:

David Palmer Close
1915 - 2004

David Palmer Close, a founding member, passed away suddenly at the age of 89 on July 4th, 2004 at his farm in Amisville, VA. He was a member of the IEF family since its founding in 1964 serving on the Board throughout. He was President from 1986 to 1989 and Director Emeritus since the early 1990's. His friendship with founder, Dr. John Harry King, Jr. got him involved, and his stewardship helped lead IEF strong for over four decades. His leadership and dedication to our mission were a great source of inspiration and encouragement. His generosity was magnificent. His counsel was wise, thoughtful, and always given in good spirit. We have lost a truly wonderful friend, someone who was at the heart of the International Eye Foundation and he is greatly missed.

His Excellency Tony Kandiero (center left), Ambassador of Malawi, receives IEF's Globe Award from Board Vice President Rowland Bradley (center right) and Board member Vladimir Ossenov (right) in appreciation for his service on the Board before he and his wife Ellen (left) return home to Malawi.

Larry Schwab, MD, Ophthalmologist
Bradley Stoddard, Policy Analyst, retired
Ambassador Julius Waring Walker, Diplomat, retired
Eschil Warwick, Real Estate Investments

Legal Counsel
Thomas H. Price, III, Attorney at Law

Legal Counsel
David P. Close, Esq., Attorney

Message from the President and Executive Director

New World Health Organization data released in December 2004 show there are 37 million blind in the world including 1.4 million under the age of 15 years, and 124 million with low vision. The good news is the number of blind decreased from 45 million and low vision decreased from 135 million. The bad news is these figures do not include millions of people with refractive error needing glasses, and that 90% live in developing countries. Cataract is still responsible for half the world’s blindness (47.8%).

A paradigm shift in the way eye care is delivered is critical to meet demands. In much of the developing world, patients will not seek nor accept poor and inefficient service, even if it’s free. The root causes of current inefficiencies, poor quality, and under-utilization of services lie in poor management and lack of financial sustainability of existing services. The few shining examples such as the Aravind Eye Hospital in India must be adapted and expanded around the world.

The International Eye Foundation (IEF) has developed an effective model called SightReach® Management combining the best of modern clinical eye care practices with business planning and management systems to create a hybrid social-entrepreneurial approach to eye care delivery. IEF assists partner eye hospitals in developing countries, both public and private, to undertake organizational and infrastructure changes to attract patients who can pay as well as subsidizing the poor who cannot. A comprehensive redesign to achieve improved quality, efficient service, customer satisfaction, and financial sustainability are similar whether IEF is transitioning public sector hospitals to introduce innovative income generation while still treating the poor, or private hospitals to subsidize poor patients while remaining financially viable.

From 2000 to 2004, seven eye hospitals and clinics in six countries in sub-Saharan Africa, Central America, the Middle East, and Asia have demonstrated IEF’s sustainability approach. Their impressive results are described in this report. IEF also supports the Lions Aravind Institute for Community Ophthalmology (LAICO) at the Aravind Eye Hospital in Madurai, India where teams from IEF's partner hospitals go for management training. We are proud to have supported LAICO's establishment of a website called e-resource allowing doctors and hospitals worldwide to access management and financial tools as well as clinical data and best practices.

We are excited that our results are getting noticed and new donors are supporting our work. Improving quality, efficiency, productivity and financing means that limited budgets are stretched allowing more people to be treated. SightReach® Management is extremely exciting and satisfying. We are grateful to our many donors for your critical investments in our work. Your dollars are spent wisely and our documented results meet accountability requirements of donors, partners and patients. Thank you for your trust and your encouragement as we continue to prevent blindness and save sight around the world.
The International Eye Foundation (IEF) is dedicated to helping people see!

For over four decades, IEF has focused its programming in the developing world where 90% of the world's blindness exists. On December 16, 2004, the World Health Organization (WHO) released new data on visual impairment, updating figures from the early 1990's.

### WHO Data – December 2004

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>2004</th>
<th>EARLY 1990'S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>37 million</td>
<td>45 million</td>
</tr>
<tr>
<td>Low Vision</td>
<td>124 million</td>
<td>135 million</td>
</tr>
<tr>
<td>Total</td>
<td>161 million</td>
<td>180 million</td>
</tr>
</tbody>
</table>

WHO states that "globally, based on the 2002 world population, more than 161 million people were visually impaired, of whom 124 million had low vision and 37 million were blind, including 1.4 million under the age of 15 years. These figures do not include people having uncorrected refractive errors such as short or long sight or astigmatism."

Cataract is still responsible for half the world's blindness at 47.8%, and 90% of the world's blindness is still found in developing countries. WHO notes that "the new figures illustrate the successful impact of efforts to eliminate the infectious causes of blindness", and attributes the reduction in trachoma, onchocerciasis, vitamin A deficiency and even cataract to "an upsurge in the intensity and efficiency of prevention of blindness activities in most parts of the world where blindness and visual impairment are public health problems. This has been achieved despite the competing demands on the limited resources of the governmental health sector from other public health priorities."

IEF is proud to have played a part in the reduction of the leading public health causes of blindness and has, in the last decade, increased its emphasis on childhood blindness and emerging threats such as glaucoma, diabetic retinopathy, and macular degeneration highlighted by WHO. It is also clear that millions are addressed by highly trained ophthalmic professionals in tertiary centers that have sophisticated equipment. IEF's innovative SightReach® Management Program improves capacity of tertiary eye hospitals. SightReach Surgical®, IEF's social enterprise, makes new, sophisticated ophthalmic equipment and instruments available at reduced prices for hospitals in the developing world. This report notes that our challenges are still many and changing, but that IEF is evolving to meet those challenges and showing impressive results.

IEF first came to Malawi in 1975 to help build our eye care services. Back then, we only had one Malawian ophthalmologist, Dr. Chiramba. In 1980 and over the next 15 years, they were seven ophthalmologists and their families to Malawi for 2-3 years each to treat people, do surgery, and train our own doctors. We are eliminating "cure blindness" and reducing vitamin A deficiency thanks to IEF. Over the last four years, IEF has transformed our two major eye hospitals so they are on the road to financial sustainability with improved capacity, quality and management.

Tony Kandiero, Ambassador of Malawi to the USA and IEF Board member.

SightReach® MANAGEMENT

LEADING CHANGE AND MAKING CHOICES...

IEF has developed an effective model combining the best of modern clinical eye care practices with business planning and management systems to create a hybrid social-entrepreneurial approach to eye care delivery. IEF assists partner eye hospitals in developing countries, both public and private, to undertake organizational and infrastructure changes through a grant and technical assistance from headquarters. The goal is to have both public (government) and private eye hospitals treating both paying patients and subsidizing poor patients, providing quality care for all, and achieving financial sustainability.

With a matching grant from the United States Agency for International Development (USAID) over the last five years, IEF has invested in seven partner eye hospitals in six countries (Malawi, Tanzania, Egypt, India, Guatemala, El Salvador) with impressive results. Key indicators reflect:

- **Quality of Care** is defined as appropriate care that treats eye disease resulting in restoration of eye health and/or sight. An example is ensuring that all cataract patients receive an intra-ocular lens (IOL) to restore clarity of vision after cataract surgery. Implications to achieving this include an adequately trained surgeon, equipment and instruments to perform this procedure, standardization of protocols, and financial resources to cover the cost of the intra-ocular lenses and surgery.

- **Quality of Service** is critical to customer satisfaction ensuring that patients are seen in a timely fashion, treated with respect, and will recommend the service to their friends and family. Patient counselors advise patients, alleviate anxiety, and address needs contributing to overall patient satisfaction.

- **Efficiency** refers to all areas of the eye care service, but especially to patient flow-through in the outpatient department, turn-around time between surgical patients in the operating room, and adequate personnel to perform required duties.

- **Outreach** is critical to increasing patient volume and marketing services in communities both for private or public hospitals alike. Patient counselors have proven to be of great value in ensuring acceptance of services. Well planned screening campaigns achieve the highest visibility and immediate return of patients to the base hospital with their friends and neighbors for further treatment and/or surgery. By alleviating fears of travel, surgery, and cost issues, women are more easily able to access care than if they had to seek it on their own.

- **Management** is critical to success. Many hospitals in developing countries, especially in the public sector, do not have manager or accountant positions. IEF's initial investment supports the creation of these positions until earned income can sustain their costs. To achieve efficiency as well as quality of care and service, standards and policies must be instituted and monitored to ensure accountability. Accounting tools are critical to proper use of funds and adequate tracking of revenue and expenditures. In general, it is no longer adequate to expect the senior doctor to be responsible for all administration and management of an eye hospital. Where she may remain as head of the institution, their focus must be on clinical care and quality control.
• Income generation is critical to financial sustainability. People are concerned that the poor will have to pay and thus, be unable to access eye care. In fact, IEF’s public sector hospital partners still treat the majority (over 90%) of their patients free. Major revenue sources come from other services accessed by eye patients and non-eye patients alike. It is important to remember there is a cost to care for each patient. Limited donor and/or government funds will only support a certain number of patients. When income is earned and put toward patient care costs, a larger proportion of poor patients will receive subsidized or free care. In effect, stretching the budget to treat more people. Donor funds can then be used for increasing capacity and expanding services.

Results from the first three hospital partners to demonstrate the SightReach Management approach are examples of a public/government sector hospital, a private eye hospital, and an NGO eye hospital.

**LIONS SIGHTFIRST EYE HOSPITAL**
**LILONGWE, MALAWI, AFRICA 2000-2004**
• Eye clinic existing within a public/government sector hospital
• Cataract surgery shows overall increase of 139%
• IOL use increased from 20% to 95%
• Cost recovery increased from 0% to 22.7%
• 84% of all revenue comes from non-patient fees
• 96% of patients still treated free of charge

**VISUALIZE**
**GUATEMALA CITY, GUATEMALA 2002-2004**
• Private clinic formerly treating paying patients only
• All surgeries increased by 66%
• Cataract surgery increased by 130%
• The number of free/subsidized patients increased from 0 (zero) in 2001 to 83% in 2004
• Cost recovery remains at 100%

**MAGRABI EYE HOSPITAL**
**CAIRO, EGYPT 2002-2004**
• NGO hospital within a private hospital system opened 2002
• Number of patients screened increased by 119%
• Cataract operations increased by 31%
• 100% of patients either pay a package price for services including surgery, or get subsidized free care
• Cost recovery increased from 81% in 2003 to 100% in 2004

**SightReach MANAGEMENT**
**PARTNERS 2003-2004**

• Lions SightFirst Eye Hospital, Lilongwe, Malawi
  Dr. Moses Chirambo, Dr. Joseph Msosa

• Blantyre Lions Eye Unit, Blantyre, Malawi
  Dr. Gerald Msukwa

• Kilimanjaro Centre for Community Ophthalmology, Moshi, Tanzania
  Dr. Susan Lewallen

• Magrabi Eye Hospital, Cairo, Egypt
  Dr. Akef El-Maghraby, Dr. Soliman Aref

• Visualiza, Guatemala City, Guatemala
  Drs. Mariano & Nicolas Yee Melgar

• ASAPROSAR, San Salvador, El Salvador
  Ms. Vicky Guzman

• Gomabai Nethralaya and Research Center/Neemuch, Madhya Pradesh, India
  Mr. Vimal Goyal, Mr. Suresh Parwal

• Aravind Eye Hospital, Madurai, India
  Dr. P. Nampuramalsamy

• Lions Aravind Institute for Community Ophthalmology, Madurai, India
  Mr. R.D. Thulasiraj

Ceylon cornea donated by W.A. & Mrs. C. Seneviratne, Wijaya Eye Hospital, Colombo, Sri Lanka. Photo: courtesy Wijaya Eye Hospital.

Support for Aravind's new Vision Centers...

Innovations at the Aravind Eye Hospital and its associated Lions Aravind Institute for Community Ophthalmology (LAICO) have been a hallmark in Aravind's leadership in eye care service delivery. Because "only about 7% of the rural population needing eye care show up for service at eye camps", an innovative model has been developed. With a grant from IEF, Aravind established two pilot Vision Centers in Theni District at Andipatti and Ambasamudram, each serving approximately 25,000 people. Aravind's "2004 Activities Report" states that "these centres are small, low-overhead facilities that are able to provide primary care, refraction testing, and spectacles. They also screen patients for referral to the eye hospital, thus maximizing the effectiveness of the hospital in delivering secondary and tertiary care. Each Vision Center is staffed by a trained Ophthalmic Assistant who, with volunteers, screens and identifies the people in all villages served by that center. She has a high-bandwidth wireless data network linked to the Theni Hospital allowing a virtual consultation with an ophthalmologist at the base hospital for treatment or referral advice utilizing dramatic applications in telemedicine. IEF support will allow Aravind to open two new Vision Centers in 2005.

SightReach® Management support for Aravind's e-resource website...

SiteNews
monthly newsletter of Vision 2020 e-resource...

Vol 7 October 2004

Access to information is a critical need in developing countries. A grant from IEF enabled Aravind and LAICO to launch "Vision 2020 e-resource", a website to share "practical and tested resources for planning, implementing and monitoring different aspects of eye care services including disease control, human resource development and infrastructure development" worldwide at the touch of a keystroke: http://www.laico.org/v2000/resource/

The reasons given as to why they succeeded in transforming their private eye clinic to a social enterprise using the IEF approach:
1. We learned and understood how to differentiate the services.
2. We let the poor and private patients choose the services they want.
3. The price structure is so simple and attractive in both sections and the gap between the social and private practice is not so big so some patients may choose the private service if they want to.
4. The standardization of all the procedures is essential to work efficiently.
5. The use of appropriate technology such as the Small Incision Cataract Surgery technique is effective, fast, low cost, and with great results.
6. The introduction of the patient counselors in our practice (to advise the poor).
7. IEF's invaluable help, good communication in our practice.
8. Team work.
9. The quality of our service.

Dr. Mariano and Nicolas Yee Melgar, ophthalmologists at Visualiza in Guatemala City

Addressing the leading causes of blindness – cataract, trachoma, onchocerciasis, and childhood blindness – that can be treated and/or prevented.

CATARACT

WHO's new data notes that cataract remains the leading cause of global blindness responsible for half (47.8%) of all blindness, an impersonal figure. That's approximately 18,500,000 people, much more striking and personal, especially when we know that 90% of those 18.5 million are in the developing world. IEF's SightReach® Management program described in this report is transforming eye hospitals to provide better quality surgery, ensuring that every patient receives an intra-ocular lens, and increasing productivity so that more and more people have access to a cataract operation. IEF's seven partner hospitals in Malawi, Tanzania, Egypt, India, Guatemala, and El Salvador reported a total of 11,155 cataract operations in 2004.

TRACHOMA

Pfizer's generous donation of azithromycin for mass trachoma treatment campaigns has made a significant impact on the rates of trachoma worldwide. WHO's new report states "It is noteworthy that trachoma has decreased in significance as a cause of blindness as compared to earlier estimates". Trachoma is responsible for 3.6% of global blindness, or 1,332,000 people. The significance however relates to the reduction in new cases, especially among children, who will never reach the stage of scarred eyelids and blinded corneas. IEF partner hospitals continue to treat patients with trachoma and conduct important public education programs.

ONCHOCERCIASIS

Merck & Company's ongoing and generous donation of Mectizan®, kills the microscopic worms in the body that can migrate to the eyes. Commonly known as "river blindness", WHO's new data shows that onchocerciasis is responsible for 0.8% of the world's blindness, or 296,000. However, over 17 million are infected with the disease and need treatment. IEF's programs in Cameroon and Malawi resulted in significant increases in Mectizan distribution in 2004 totaling 1,468,915 people treated. A new program in South Province of Cameroon supported by the Insel Foundation will report its treatment numbers in May 2005.

CHILDHOOD BLINDNESS

The global efforts of non-governmental organizations, USAID, WHO, UNICEF, and the governments themselves have placed a major emphasis on the reduction of vitamin A micro-nutrient deficiencies. WHO's new data puts childhood blindness at 3.9% or 1,442,000 blind children worldwide. In 2004, IEF's child survival programs in Bolivia and Malawi focused on vitamin A micro-nutrient deficiency control, nutrition education, malaria prevention and control, and immunizations. In Ichilo Province, Bolivia, 61,553 mothers and children were
targeted resulting in an overall increase in immunization coverage of children 12-23 months from 25% to 65%, and an increase in vitamin A capsule distribution to 12-23 month olds from 3% to 77%. In Nuanne District, Malawi, approximately 237,000 are targeted, 23% are women of child-bearing age and 17% are children under age five years, in 513 villages. The external mid-term evaluation notes that population coverage increased well beyond original targets of 194,481, the child survival project has contributed to a wider national movement to distribute treated bednets to make a significant impact on malaria, and analysis and improvement of operational health systems at the district level is a sustainable way to use resources more effectively and efficiently.

Congenital cataract and retinopathy of prematurity (ROP) continue to threaten children with a life of blindness. Our partners reported 586 sight-preserving operations on children in 2004.

**LOW VISION**

There are 124 million people with low vision worldwide according to WHO’s new data. IEFS grant to New York based Lighthouse International enabled them to develop a Low Vision Training Course for two centers in India. Part I was held at the LV Prasad Eye Institute in Hyderabad in January 2002. Part II trained low vision instructors at Aravind Eye Hospital’s Vision Rehabilitation Centre in Madurai in December 2003. Aravind’s hands-on program trained 17 ophthalmologists, optometrists, refractionists, ophthalmic assistants, and medical officers. The course included public and professional awareness and specific topics such as management of the low vision patient, low vision optics, low vision in children, diseases leading to low vision, use of low vision aids, and low vision services. As ocular complications of diabetes and macular degeneration increase worldwide, the need for low vision services becomes critical in keeping people independent and able to function as normally as possible.

With IEFS support, the Aravind Eye Hospital at Coimbatore acquired a sophisticated digital retinal camera system to examine premature newborns at risk of ROP. Visual images of the babies’ retinae can be referred to the base hospital in Madurai in real time through a telemedicine hook-up.

Aravind’s Director, Dr. Nampuranayakam reports the “RiCam has been an invaluable tool for screening and documentation of ROP. It is being regularly used for all the babies who come for ROP examination in our clinic. The biggest advantage of the RiCam is that in just a few minutes one can finish the full fundus examination and document almost the entire retina with just 5 photographs.

The digital images, which are permanently stored and easily retrievable, are shown to the parents on every visit. Through the pictures they can actually see what is happening in their child’s eye. This makes it easy for them to understand and also they realize the importance of follow-up.

RiCam photos are also used in information brochures for parents and pediatricians, and in various presentations at national and international conferences and publications.

**MAGI EYE CLINIC, HONDURAS**

Founding Board member, the late William M. Carrigan and his wife Ramona founded the Magi Eye Clinic in San Pedro Sula in 1986 serving 3.5 million people in the northern part of Honduras. Their dedication to preventing blindness and eye care for the poor is a source of inspiration still today. Three ophthalmologists and two nurses see approximately 1800 patients per month and perform 60 surgeries per week. Former IEFS volunteer and Board member, Dr. Larry King has built the clinic’s capacity by training ophthalmologists and, with annual grants from IEFS, making sure modern equipment is available.

**SightReach® SURGICAL**

CONTINUES TO GROW MAKING NEW, MODERN OPHTHALMIC PRODUCTS AVAILABLE TO EYE CARE PROVIDERS IN THE DEVELOPING WORLD...

As a component of SightReach® Management, it was critical to reduce the costs of new and modern ophthalmic instruments, equipment, and consumable supplies in order to reduce the cost of eye care in the developing world. Ophthalmologists and eye hospitals, as well as charities working overseas, need to buy equipment and supplies in order to keep eye care services going. In 1999, IEFS established SightReach Surgical®, a mission-related social enterprise that procures ophthalmic products from manufacturers around the world and sells them to our customers at reduced rates, thus allowing them to buy more with less. Since its establishment, SightReach Surgical® has grown providing quality products to customers in over 40 countries in Africa, Asia, the Middle East, Latin America, and Eastern Europe. For more information, go to www.sightreachsurgical.com or link through www.iefusa.org.
Society of Eye Surgeons...

The annual breakfast meeting of the Society of Eye Surgeons for 2003 was held on Monday, November 17, 2003 at the Disney Grand Californian Hotel in Anaheim, California. Professor Frank A. Billson, AO (top) of Foresight, Australia shared his experience of a lifetime spent strengthening eye care programs in developing countries. He also reported on IEF’s “Sight2000” support of Foresight to increase ocular surgeries for children in Papua New Guinea. Dr. Moses Chirambo (bottom) of Malawi added insight into the impact and successes of IEF’s SightReach Management program in Malawi.

Society of Eye Surgeons 2004 Members

Dr. Jack A. Aaron
Prof. Joaquin Barraquer, MD
Dr. Terry E. Burris
Dr. Robert W. Butner
Dr. Jean Claude Cadet
Dr. C. Francisco Contreras
Dr. Howard Cupples
Dr. Chandler Dawson
Dr. David Denny
Dr. John A. Distler
Dr. Hannah Bassey Faal
Dr. James P. Ganley, DrPH

Dr. James R. Gillis, Jr.
Dr. William K. Harris
Dr. Michael H. Lashmet
Prof. Ridha Mabrouk
Dr. Baxter R. McLendon
Dr. Mohammad Mohsin
Dr. George Norton
Dr. Riaz V. Pangilinan
Dr. David Paton
Dr. Theodore Otis Paul
Dr. Rogers B. Pierson
Dr. Guillapalli N. Rao
Dr. John W. Reed
Dr. Dennis K. Ryan
Dr. Ivan Schawb
Dr. Larry Schawb
Dr. Bradford J. Shingleton
Dr. James B. Sprague
Dr. James E. Stanefee
Dr. Bjorn Thylefors
Dr. Ales Tilen
Dr. Ahmed M. Trablsi
Dr. Clara Esteses de Uzcategui
Dr. Floyd L. Wergeland, Jr.
Dr. Paul D. Wiesner

Glen Close

Stage, Screen and Television Actress Glen Close Becomes IEF’s spokesperson

“As I write to you today, I mourn the passing of the great Gregory Peck, who like Robert Mitchum and Vincent Price before him, served to eloquently as the spokesperson for the International Eye Foundation. I am honored to have been chosen as his successor and am proud to lend my name to such a worthy cause.”
The important work of the International Eye Foundation is possible only through the continued generosity, dedication and commitment of people and organizations like you. We are grateful for the pennies collected by school children learning to care about others, contributions of cash and other financial instruments, in-kind donations from ophthalmologists and corporations, collections among eye caring optical companies, bequests to leave a lasting legacy, and gifts to honor a person or significant life event. For all of these blessings, we thank you on behalf of the countless people who benefit from your generosity.

The IEF wishes to recognize the donors from July 1, 2003 to June 30, 2004. We make every effort to ensure the accuracy of this listing. If an error has been made, or if a donor wishes to remain anonymous, please contact the IEF so that a proper listing may be made. Thank you.

Contributors to the IEF's 'Annual Fund' campaign are marked with an (*).

**VISIONARY**

Furtharing Dr. King’s vision, recognizing gifts over $10,000.
Mrs. Eleanor Close Barzin* Mr. Craig S. Jenkins

**DAVID P. CLOSE GOLD DONORS:**
Named in honor of founding Board member David P. Close, recognizes gifts to the IEF from $1,000 to $4,999.
Dr. & Mrs. Frank S. Ashburn, Jr. * Ms. Helen J. Ashburn Mr. Rowland Bradley & Ms. Nancyfaye Autenziol * Dr. John L. Chapman Mr. & Mrs. Lawrence S. Clark * Mr. & Mrs. William D. Clark * Mr. David P. Close * Dr. & Mrs. Paul T. Gavaris * Mr. Joe R. Gerson Mr. Robert S. Gettigner Gettigner Foundation Mrs. Randall H. Hagner * Ms. Judy Hall * Ms. Jean K. Jados, the Estate of Victor Blindt Mr. & Mrs. William A. Jewett * Ms. Janet M. Katz Ms. Jean K. Kearney

**WILLIAM M. AND RAMONA N. CARRIGAN BRONZE DONORS:**
Recognizing gifts from $500 to $999, in honor of IEF founding Board Member William M. Carrigan and his wife.
Bett Foundation * Mr. Walter L. Britz * Mrs. Maria Badench Mr. Fredrick J. Brannum * Mr. & Mrs. John Bryant * Mr. Alice G. Cannon * Mr. & Mrs. Margaret C. Cummings * Mrs. Christine Cypser * Mr. & Mrs. Chandler R. Dawson * Mr. David Dodge * Mr. & Mrs. Louis T. Donatelli * Mr. Charles Eckert * Mr. James Fernow * Mr. & Mrs. George Floyd * Mr. Richard S. Fortinato * Mr. & Mrs. William A. Jewett * Ms. Jean K. Kearney * Mr. Harmen Kinloch * Mr. Bernard J. Kohn * Mr. James Kohn * Mr. Carl F. Kurtz * Mr. Jerome L. Lombardo * C. Jerome Lombardo Family Foundation, Inc. * Mr. Donald L. Mancuso * Mr. & Mrs. Frank Myers * Ms. Catherine Nagy * Mr. Malcolm Neil * Mr. & Mrs. Pielon S. Parish * Mr. Jonathan Rosen * Mr. Steven S. Rosen * Mr. Margaret M. Rudel * Mr. Robert G. Schurpe * Dr. & Mrs. Larry Schwab * Mr. & Mrs. Sherwood Schwartz * Mrs. Dorothy C. Schwerterfecht * Mr. James Silver * Ms. Betty Eileen Sheffield * Mr. Stuart D. Shipe * Dr. & Mrs. Bruce E. Spivey * Ms. Bovine R. Spiring * Mr. & Mrs. Bradley Stoddard *

**FRIENDS OF THE IEF:**
Recognizes contributions from $100 to $499.
Anonymous Anonymous Ms. Colette Abels * Mr. & Mrs. Morgan Adams * Mr. Lakshman M. Agadi * Mr. Chris Albers * Mrs. Elie Alderfer * Dr. F. Towse Allen * Dr. Huntington Allen * Ms. Billie Allensworth * Mr. John P. Altyn * Mr. & Mrs. Robert Almy * Ms. Marcela J. Anderson * Mr. Richard B. Ainslie * Mrs. Cynthia Anthony * Hartman Antl * Ms. Alice A. Aubert * Ms. Joyce Aulik * Mr. Robert T. Avery * Mr. Richard G. Ayres * Mr. & Mrs. Calvin Barwell * * Mr. Mary Baker * Dr. Ben F. Baker * * Ms. Helen Barben * Ms. Hazel E. Barnes * C.E. Beier * Ms. Elizabeth Barrows * Mr. & Mrs. Walter Barrows * * Mr. & Mrs. John Barrows * Mr. Robert H. Bates * Ms. Adella C. Bauer * Mr. & Mrs. Allen E. Beach * Ms. Kathryn M. Beattie * Dr. Janet Beery * Dr. Marvin B. Behrendt * Mr. Robert Beiny * Mrs. Rebecca Bennett *Col. Richardson D. Benton * Ms. Phyllis T. Bertie * Bethesda Almco * Mr. & Mrs. Philip M. Berthie * Ms. Emily Betz * Mr. & Mrs. J. R. Biard * Mr. Robert N. Biohoff * Mr. Nobel W. Blum * Mr. Olivier Blum * Dr. Murray Blustein * Mr. William Blum * Mr. James David Blum * Ms. Elke B. Blum * Mr. & Mrs. J. J. Bodecker * Mr. Kathlyn Bollens * Mr. John L. Bollers * Mrs. Michael Borelli * Mr. Adolphe Botros * * Mr. & Mrs. Robert R. Bowle * Mr. Louis R. Bowker * Mr. & Mrs. John Bowlier * Mr. James Bowlen * Brand Transport, Ltd. * Ms. Betty Brendemsuhl * Mr. & Mrs. Thomas W. Bresler * Mrs. Michele D. Bricker * Ms. Jewel Brooks Colonial Properties * Mr. & Mrs. Kenneth T. Brown * Mr. John S. Brown * Mr. Leo Bunghoffler * Mr. Michael Burkh * Ms. Elizabeth Aiken Burt * * Ms. Martha Businelli * Ms. Joyce Butler * Ms. Barbara W. Caldwell * Ms. Yanka Cantor * Mr. & Mrs. W. S. Carleton * Mr. & Mrs. George Carleton, Jr. * Mrs. Charles Carston * Mr. J. Hall Carroll * Mr. Kevin M. Cassidy * Ms. Jena C. Cassidy * James J. Castner, MD * Dr. John Chambers * Mr. Leslie H. Chappell * * Mr. Michael A. Charles * Mr. Mohinder S. Charan * Ms. Martha C. Christopherson * Ms. Helen Cole * Ms. Linda Collin * Mr. Collins Collins * Mr. & Mrs. James Cowley, Jr. * Dr. Betty Conrad * Mr. Larry W. Cook * * Mr. & Mrs. D. J. Cope * Mr. Albert C. Costa * Ms. Michelle Cotton * Ms. Joan Covey * Ms. Valerie K. Craig * Ms. Heloisa Cruz * Mr. Joseph L. Crohn * Mr. John S. Crowell * Dr. & Mrs. Howard P. Cupples * * Mr. & Mrs. Dwight Curtis * Dr. Cecil C. Cutting * Mr. & Mrs. Robert & Debra Cyphert * * Mr. Clarke Daniel * Mr. & Mrs. Charles T. Davidson * Mr. Stephen F. Decker * * Mr. Mary R. Deff佛教者 * Mr. Clarence Defret * Ms. Andrea Donahue * Mr. William C. Demetree * William C. Demetree, Jr. Foundation, Inc. * Mr. John Denier *

**Dr. Lloyd L. Wegeland**
R D Wilson * Mr. Albert G. Woocking * Mr. George Wright * Mr. Thornton W. Ashley * Ms. Gweneloda E. Zimmerman *

**Carolyn Desbiens**
Mr. Douglas R. Ditt * Mr. E. Dinnette * Dr. & Mrs. John A. Dijkstra * Ms. Susan Dobay * Mrs. Clarences Dodge * Richard J. Doherty, MD * Mr. William J. Doran * Mr. Aldo Driver * Mrs. Dorothy Elliuming * Mr. Ivan H. Egeloff * Mr. C. Edgett * Mr. John Edwards * Mr. Robert Eppichman * Ms. Edith Elsner * Dr. Donn E Highman * Mrs. F. Erisson * Mr. Ethan A. Eisley * Dr. & Mrs. Peter Y. Evans * * Mr. Mark Ettman * Mr. & Mrs. Elinor K. Fabrick * Mr. Maurice S. Fagin * Ms. Edith Fahnstock * Mr. Paul Fabick * Ms. Eloise W. Fahn * Mr. Janice Fink * Mr. William J. Fink * First Catholic Slovak Ladies Association * Dr. & Mrs. A. L. Fijordtten * Mr. Michael Fogerty * Mr. William A. Foote * Ms. Barbara Forbes * Mrs. Mary D. Forray * Ms. Helen Hoe-Appel * Mr. Paul M. Frank S. Forest Company, Inc. * Dr. Sylvia Friedman * Dr. & Mrs. A. Lee Fritschler * * Mr. & Mrs. Donald K. Funderburk * Mr. Harold L. Gable * Dr. & Mrs. James P. Ganley * Mr. Arfonson-Gamley * Ms. Mary E. Garsin * Bronnzaft, Gerstein, & Fish, LLP * Ms. Mala E. Gates * Mr. Daniel Geibman * Mr. Robert Gerst * Mr. Shalman Ghasihan * Dr. Stephen Geyer * Mrs. Jack E. Gill * Osama Rahimy * Ms. Prospera E. Goodridge *
GLOBAL IMPACT:
The IEF is a member (#0318) Global Impact (formerly International Service Agencies), a federation of premier international organizations. Global Impact conducts workplace giving campaigns in corporations and with local, state, national and overseas-based government employees. The IEF wishes to thank these employees for their generosity and compassion. In addition, we thank the agencies, businesses, and those at Global Impact who helped make these gifts possible. Please note #0318 in your United Way or Combined Federal Campaign.

Mr. Kathleen R. Aragon
Mr. K. Douglas Arduke
Mr. Gordon T. Ashby
Ms. Martha B. Barthlott
Mr. Jeffrey J. Bartz
Mr. Paul Bickerton
Mr. John J. Boll
Mr. John Brady
Mr. Gillian Brand
Mr. Ernest A. Caldwell
Mr. Max W. Carbon
Ms. Patricia Cardosa
Mr. Max A. Carvin
Mr. Dennis J. Chambers
Mr. Robert Cox
Ms. America C. Cudron
Mr. Hess J. Dang
Sheri Davenport
Mr. Roger F. Ehret
Mr. Marites K. Felber
Ms. Songli Floyd

Mr. Cindy D. Foster
Mr. Alina H. Shchremadhi
Mr. John Gieser
Ms. Evelyn Haley
Mr. Stephen Hannaher
Mr. Wahiduddin Haque
Mr. V. K. Jain
Mr. Richard Jansen
Ms. Cherrie L. Johns
Sharma Joshi
Ms. Susan Kelly
Ms. Martha K. Klar
Ms. Carol A. Kiser
Mr. Keith D. Kurtz
Mr. Robert A. Leaf
Ms. Christine Lisowski
Mr. J. L. Margolin
Mr. Bruce McGirk
Mr. Madhu Mody
Mr. Don R. Noyes
Ms. Margie O'Dewunne

Mr. Bruce Pedrick
Mr. J. David Perdiz
Ms. Claudia Plozek
Mr. Jonathan E. Sanford
Ms. Susan Shaw
Mr. Stephen M. Sheffield
Mr. Shalvira A. Sriskha
Mr. Edward M. Sennkrivik, Jr.
Ms. Joan P. Sifeng
Ms. Amy E. Stambach
Mr. Patricia S. Stevens
Ms. Lalita Subramanian
Mr. Albert J. Taren
Mr. Vasilis Tsakas
Ms. Irene D. Temple
Ms. Pragna C. Trivedi
Mr. Mohan Viswanathan
Mr. R. S. Wilkes
Mr. Steven R. Zaffar

IN KIND GIFTS AND SUPPORT:

American Academy of Ophthalmology
Carol Burgess, CRA
Cohn Optics
Ralph Craig
Margarita Crompton
Mitchell Davis, MD
DSM Nutritional Products
Pietro J. Grivas, MDs, FACS

Mrs. Herbert Insel
Kaiser
Rhoda Medical and Surgical, Inc.
Bud Kurza MD
Michael Leondhal
Larry E. Magangal, MD
Mork & Co., Inc.
E. Laird Morton, III

Pioneer Surgical Inc
Preserve Sight-Colorado
Howard Pyle
Remedy Silica
Retina Institute of Florida
Sara Pareil
Volk Optical Inc
Washington Eye Physicians
World Health Organization

HONORING THE MEMORY OF AMBASSADOR JULIUS WARING WALKER:

Mr. & Mrs. Calvin Baerwald
Mr. Walter E. Beach
Dr. Rosemary T. Bovis & David
B. Bowes
Mr. John Chapman Chester
Marilyn & Alex Dickie
Ms. Margaret L. Drucker
Mr. & Mrs. Raymond Ewing
Ms. Dorothy C. Gregory
Mrs. Frances H. Hamby

Dr. & Mrs. Roy A. Harrell
Victoria & James A. Hill
Frances & Jacob Jaffe
Ms. Mary Roberta Jones
Ms. Mary M. Lethsen
Mr. Richard A. Marcus
Mr. John M. Martin, Jr.
Mr. Emmeron Mclnave
Mr. James Milton Murray
Rozanne L. Ridgway

Mr. & Mrs. Stephen H. Rogers
Ms. Victoria M. Sheffield
Mr. & Mrs. Peter J. Skottov
Mr. & Mrs. A. L. Steigman
Ms. Virginia T. Taylor
Ms. Donna Turner
Mr. & Mrs. John Whiting
Mr. & Mrs. Stephen W. Worrel
Stephen W. & Laura M. Worrel

HONORING THE MEMORY OF CLAIRE AIKEN:

Christine M. Aiken
Dr. Howard P. Coppel
Ms. Ermack
Phyllis Goldsmith

G. Lucia
Victoria M. Sheffield

EYE ASSOCIATES OF WASHINGTON DC WISH TO HONOR THE MEMORY OF:

Ruth E. Allen
Angel Barcello
Robert A. Bauer
Michael Chermek
Kenneth M. Crosby
Norman Finkler
Cleo Glennopolis
Robert Harter

Constance C. Kelley
Helen Landau
Michael M. Marshall
Francis F. May
Freddie Page
Barbara Reus
Anne Schaefer

Mary L. Ferris
Jane Spankiewicz
Thomas M. Tolos
Martin Tuke
Rev. Leonard White
Donald Wink

GIFTS OF APPRECIATED FINANCIAL INSTRUMENTS:
Mrs. Eleanor Close Barzin

PICKLE JAR:

Glenn P. Bauer
Mr. Charles Boothwell
Clear-View Optical
Ms. Maria H. Dejardins
Dietz McLean Optical
Ms. Erik Dyke

Ms. Linda Eichwald
Ms. Martha M. Hardwood
Harwick Opticians
Lisa Optical
Ms. Molly W. Munir
Oak Tree Eye Clinic

Richfield Opticians
Rocky Mountain Eye Clinic
Mr. & Mrs. Voit-Stratton-Sturgeon
Tie Valley Optical

CORPORATIONS, FOUNDATIONS, AND BILATERAL DONORS:

African Programme for Onchocerciasis Control, The World Bank
Al Noor Foundation, Saudi Arabia
Citigroup Foundation
Israel Foundation

Pearson's Wine and Liquors
Task Force "Sight and Life"
U.S. Agency for International Development

16
### Honoring the Memory:

- Peggy Law in Memory of Robert D. DeBolt
- Mr. Victor M. Figueroa in Memory of Hortense Figueroa
- Ms. Carol Rosenfeld in Memory of Betty and Hamon Freed
- Peter and Cindy Byrnes in Memory of Luci Hazen
- Bob & June Schutz in Memory of Bob Heirhold
- Mr. Robert Jenkins in Memory of Ellen Jenkins
- Bruce & Melanie Snyder in Honor of Dr. & Mrs. Mark A. Pavlack
- Ms. Beatrice Andrews in Memory of Percy F. Winter
- The Way Class United Methodist Church in Memory of Percy Winter
- Mr. & Mrs. James A. Hutton in Memory of Percy Winter

### Gifts Honoring Others:

- Bill & Ruby Argo in Honor of Jimmy Faulkner
- Carla E. Brock in Honor of Dr. Richard Hoppa
- Susan T. Fischler in Honor of (on her Birthday) Ms. Katherine Torrence
- Mr. Peter Gow in Honor of David & Ruth Gow
- Mr. Peter Gow in Honor of Alex & Cindy Gow
- Mr. Peter Gow in Honor of Persis Gow
- Mr. Peter Gow in Honor of Philip & Laura Gow
- Mr. Peter Gow in Honor of Pur & Michael Whalley
- Jack H. & Betty Kent in Honor of Christina Elizabeth Kent
- Clare Crawford-Mason & Robert Mason in Honor of the Anniversary of Howard & Victoria Pyle

### Honoring the Anniversary of Mr. & Mrs. Mitra:

- Mr. & Mrs. Pulak Bandypadhyay
- Mr. & Mrs. Mahendra Shah
- Mr. & Mrs. Madhu S. Chatterjee
- Mr. Karol Gutowski
- Mr. Joy Mukherjee
- Mr. & Mrs. C. Samaddar
- Mr. & Mrs. Nalini F. Unakar

### Legacies and Bequests:

- Estate of Robert DeBolt
- Estate of Margaret Law

---

### Summary Statement of Activity and Changes in Net Assets

**International Eye Foundation**

<table>
<thead>
<tr>
<th>Public Support and Revenue</th>
<th>Year Ended June 30, 2004</th>
<th>Year Ended June 30, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Support – Received Directly (Contributions from Individuals, Corporations and Foundations)</td>
<td>3,767,375</td>
<td>4,181,582</td>
</tr>
<tr>
<td>Grants from Governmental Agencies</td>
<td>871,189</td>
<td>861,980</td>
</tr>
<tr>
<td>Other Revenue (Dues, Interest and Dividends, Net Unrealized and Realized Gains/(losses) on Marketable Securities, Other Income)</td>
<td>190,522</td>
<td>94,873</td>
</tr>
<tr>
<td><strong>Total Public Support and Revenue</strong></td>
<td><strong>4,829,086</strong></td>
<td><strong>5,138,435</strong></td>
</tr>
</tbody>
</table>

### Expenses

- **Net Assets, Beginning of Year**: 1,600,016 (2004), 1,534,375 (2003)
- **Net Assets, End of Year**: 1,921,345 (2004), 1,600,016 (2003)

Please note that this is an abbreviated Statement of Activities and Changes in Net Assets. A complete audited financial statement with auditor's opinion may be obtained by contacting:

International Eye Foundation
Public Affairs Office
10801 Connecticut Avenue
Kensington, MD 20895
Telephone: 240-290-0263

Or you may contact:
Maryland Office of the Secretary of State Charitable Division
State House
Annapolis, MD 21401

### 2004 IEF Expenditures

- **Program**: 85%
- **Fund-raising**: 7%
- **G & A**: 8%

The International Eye Foundation meets standards for management and charitable solicitations as established by Global Impact, and regulatory and governmental agencies.
Volunteers

The IEF wishes to extend its deepest gratitude to these special people for their gifts of time and talent in support of the IEF’s mission.

Tom Ainsworth
Cynthia Anthony
Nancyfaye Autenzio &
Rowland Bradley
Diane Baerveldt
Mary Bird
Larry Bohn
Todd Bosley
Gloria Butland
Jo A.S. Carpenter
John & Pam Cotter
Cyd Miller Everett
Dr. Joyce S. Hegel
Georgianna Hallheimer
Julia Sevilla Hopping
Alex Sezer Jacobs
Harry & Sandy Kolodner
Mary Kopper
Christine Kurush
Jean McHugh
Susanne Bergmann
Mayer
Marsha Nelms
Victor & Teresa Pinzon
Howard Pyke
Termeh Raissi
Dr. Beate Roesen
Donna Hamilton Shor
Steve Silver
Anna Maria Via
Savannah Walker
Eisht Warwick

IEF STAFF, FIELD OFFICES, AND REPRESENTATIVES

IEF Headquarters
10801 Connecticut Avenue
Kensington, MD 20895
Telephone: 240-290-0253
Fax: 240-290-0269
E-mail: ief@iefusa.org
Website: www.iefusa.org
Victoria M. Sheffield
Executive Director
Edwin M. Henderson
Director of Finance and Administration
John M. Barrows, MPH
Director of Programs
Gwen E. O’Donnell, MA, MHS
Vitamin A Child Survival Coordinator
Grew Hunt, MHS
Director, SightReach Surgical®
Rahemn Rahmatullah
Sustainability Specialist
Calvin Baerveldt
Public Affairs Officer
Teresa Pinzon
Administrative Assistant
Mekkia Tesser
Receptionist

IEF Field Offices
IEF Bolivia
PO Box 199
La Paz, Bolivia
Telephone: +591 279-4272
Fax: +591 234-2277
Fernando Murillo, MD,
Country Director
Teresa Mendoza Siles, MPH,
Project Advisor

IEF Cameroon
B.P. 6617
Yaounde, Cameroon
Telephone: +237 20-5007
Fax: +237 21-5567
Patrice Mouvelle, Project Advisor

IEF Malawi
P.O. Box 2273
Blantyre, Malawi
Telephone: +265 624-448
Fax: +265 624-526
Christine Winte, MD, MPH,
Country Director
Dr. Geoffrey Ezupwe, Country Director (as of February, 2003)

IEF Country Representatives
Bulgaria
Eye Department, “Pashva” Center for Sight
St. Anna Hospital, 8th Floor
1 “Eugene Pavlovski”, str.
Sofia 1184, Bulgaria
Telephone: +359 274-6185
Fax: +359 278-8130
Prof. Petia I. Vasilev, MD, PhD, DSc, MPH, Country Representative

(Note: Personal information recorded above was current during FY 2004. Field offices are listed current as of the date of this publication. Should there be any difficulty in directly contacting any of the above offices, contact the IEF headquarters in Kensington, Maryland at 301-209-4063.)

GLOBAL PROGRAM AND DEVELOPMENT
IEF’s eye care programs support countries around the globe in addition to those with specific programs listed. These include SightReach Surgical®, Gifts-In-Kind, and SightReach® Management.

2003 Eye Ball Committee at work. Photos courtesy of Ms. Jo A.S. Carpenter and Calvin Baerveldt

2003 Eye Ball Committee at work. Photos courtesy of Ms. Jo A.S. Carpenter and Calvin Baerveldt