A Message from the Medical Director

Among the numbers of organizations rendering services to the disadvantaged, the International Eye Foundation remains unique. It is the leading U.S. agency with programs for the prevention and cure of blindness in the developing world. Its aim, in addition to the elimination of preventable blindness and the cure of that which has occurred, is to help those in the struggling world to help themselves. This is accomplished through special emphasis on the training of indigenous health workers, both medical and paramedical, from physicians to village health workers, while concurrently providing the necessary clinical, surgical, and preventive services. Adding further to the success of IEF programs is the fact that they are all conducted in cooperation and with the full support of the Ministries of Health of the countries involved, while at the same time, what limited financial and logistical support is available from the local people is strongly encouraged. This makes the programs theirs to begin with, and ensures their total interest and assistance. The past year has been one of reorganization for IEF. In response to requests for new eye care programs and assistance, which come in on what seems a daily basis, IEF has added Mr. Ernest V. Yancey as Director of Programs, and Mr. Jack B. Blanks as Deputy Director of Programs. IEF’s horizons will thus widen to include a larger part of the world’s 42 million already blind and those whom impending blindness threatens. Mr. Yancey comes to the IEF with over 30 years’ experience in management, largely in the field of international development. His professional activities have encompassed both the public and private sectors in business, education, human relations, and non-profit management. IEF is benefiting from Mr. Yancey’s extensive experience in Africa where he has lived and worked in Malawi, Kenya, Tanzania, Uganda, Lesotho, Swaziland, Mozambique, Zimbabwe, and Zambia. In Malawi, Mr. Yancey served as Director of the U.S. Peace Corps after reintroducing the Corps to that country following a three year hiatus. Following that he served there for an additional four years assisting in the development of that nation’s private sector.

Mr. Blanks also brings to IEF a long background in international development. He served as a Peace Corps volunteer in the early 1970’s in Benin, West Africa. He later joined the Save the Children Federation, managing projects in two other African countries for six years. More recently, he worked for Peace Corps Headquarters in Washington, D.C. and as consultant to a number of international development organizations. He holds a Masters of Science Degree in International Administration.

The International Eye Foundation has become well known and highly respected during its 27 years of humanitarian service in a world which is far better off because of its devotion to the needs of those less fortunate. With the continued assistance of our supporters and our dedicated volunteers and staff, the IEF will do even more in the years to come.

This year, IEF has been particularly busy, and even more so in the past few months. In Malawi, a new program is well underway. A large and growing number of cataract patients are being seen, a number of cases having been spent on training. Malawi, with its average population of 26 people per square mile, has the highest rate of cataract blindness in the world. Some of those being operated on are making the necessary preparations to travel to the capital for their surgery and will be followed up after the operation.

In addition to the cataract program, IEF has been working with the Ministry of Health in Malawi to set up a comprehensive eye care program, including training of health care workers, screening of the population, and treatment of eye diseases. This program will be expanded to other parts of the country, and will eventually cover the entire population. With the support of the Ministry of Health and other organizations, IEF hopes to make a significant impact on the blindness rate in Malawi.

To learn more about IEF’s work in Malawi and other countries, please visit www.ief.org or contact us at 1-800-247-3328.
through USAID grants which will be ending in 1988. IEF's programs in Malawi have also greatly benefited from financial support by Hoffmann-LaRoche Corporation of Switzerland through its "Task Force Sight and Life" which has provided funds for vitamin A-related activities. However, Malawi's needs for the services provided by IEF continue to be as great as ever, particularly with the large influx of refugees in the last two years. IEF is seeking additional sources of funding to continue much needed eye care and child survival programs.

Zimbabwe

In Zimbabwe, IEF's collaborative program with the Royal Commonwealth Society for the Blind of England to assist the government of Zimbabwe continues under the able leadership of Dr. Larry Schwab. Significant progress has been made towards the accomplishment of program goals.

A great success of the past year has been the realization of one of the most important goals of the program, the establishment of a Prevention of Blindness Committee within the Ministry of Health. This committee promises to be active and fruitful in its activities to work toward the establishment of a long range strategy for all blindness prevention activities in Zimbabwe. One of its first tasks is to develop a national inventory of ophthalmic services and facilities in all eight provinces of Zimbabwe. This is an activity of some magnitude necessitating visits to all facilities in each province and has already been begun by Dr. Schwab.

Great strides have also been made in another focus of the project, provision of clinical and surgical eye care services. At Sekuru Kaguri Eye Hospital in Harare, where the program is based, eye care services have been reorganized and significantly improved to more effectively address all levels of care (outpatient, inpatient, and surgery). As a result, the standard and quality of eye care has improved greatly over the past year. Dr. Schwab's personal clinical workload is about 30-40 operations per month. In addition he sees approximately 500 outpatients and 200 inpatients per month.

Rural outreach services from Sekuru Kaguri Hospital currently are provided by Dr. Schwab and a second doctor sponsored by the Royal Commonwealth Society for the Blind, Dr. Kenneth Kagame. On their visits to rural outlying hospitals they examine and treat approximately 75 patients per day. Also, in his role as IEF/RCSU's liaison with the Zimbabwe Council for the Blind, Dr. Schwab is closely involved with the Council's plans to expand mobile and static eye care services.

One of the original goals of the project, the establishment of an ophthalmic medical assistants course, is not yet a reality. However, progress continues in the effort to design a suitable curriculum and course outline for the training of medical assistants in ophthalmology to provide the eye health workers that are so urgently needed. It is hoped that a course could begin next within the next year. Presently Dr. Schwab regularly lectures and provides on-the-job training and practical instruction at Sekuru Kaguri Hospital to medical students, student nurses and others in his position as lecturer in ophthalmology at the University of Zimbabwe.

Support for all of these activities to better the national eye care system of Zimbabwe is generously provided by the International Foundation.
The Caribbean and Latin America

Grenada

IEF's Project Director in Grenada, Dr. Baxter F. McLendon, III, is seeing 450 patients monthly at the General Hospital in St. Georges, as well as operating two days a week. Most surgery consists of cataract extractions with intraocular lens implantation and glaucoma procedures. The leading causes of blindness in Grenada are cataract, glaucoma, and diabetic retinopathy. As there is no laser treatment available on Grenada at present to treat proliferative diabetic retinopathy, patients unfortunately go blind because they cannot afford the transportation costs to travel to centers where this procedure is done.

Training for nursing students is being continued as are the health education messages which are being broadcast on the radio. The radio delivered messages are playing an important role in making the population of 110,000 aware of eye conditions. This is a mixed blessing as it causes a high patient load and a backlog of surgery patients, but evidences the fact that the messages are making a broad impact.

The Eye Department is a two-story, free-standing unit with nine patient beds, its own operating theater, and an out-patient area having three examining rooms. Out-patient clinics are held three days a week. The patients' visual acuity, intraocular pressure, and history are taken by trained ophthalmic nurses.

Ophthalmic lectures are given to nursing students, medical hospital staff, and district nurses. Primary eye care conferences include lectures on anatomy and physiology of the eye, checking visual acuity, use and care of the Schiotz tonometer, leading causes of blindness in Grenada, differential diagnosis of the red eye, eye safety, trauma, and glaucoma.

A system of regular screening clinics initiated by Ophthalmic Nurse Joan Duncan and former Project Director Dr. May Khadem during Dr. Khadem's period of service in Grenada has been developed at the outlying district health centers. The ophthalmic screening clinics are conducted by the district nurses from the Eye Department at the General Hospital. At the screening clinics the district nurses check visual acuity, measure intraocular pressure, and decide who needs to be referred for further ophthalmic examination. Follow-up care is sometimes provided at the district level.

The Eye Department works closely with the Society of the Friends of the Blind, which is affiliated with the Caribbean Council for the Blind, a regional organization with which IEF collaborates throughout the Caribbean. Rehabilitation and training of the blind and partially sighted is an on-going concern. The Society recently purchased a vehicle so that home visits can be conducted on a more regular basis. The Society is partially supported by selling baskets and wicker furniture produced in their blind workshop.

St. Lucia

J. P. Dailey, M.D., IEF's Project Director in Saint Lucia, works in collaboration with the St. Lucian ophthalmologist, Dr. Emso Remy at the Victoria Hospital Eye Clinic to provide a full range of clinical and surgical services. Dr. Remy received much of his ophthalmic education under the auspices of the IEF, beginning with the program offered to physicians in the Caribbean Islands in Barbados. Further assistance is provided by rotating residents from the Massachusetts Eye and Ear Infirmary.

Screening for glaucoma, which has a very high prevalence rate in Saint Lucia, as well as in the Caribbean in general, has been a special focus.

St. Kitts/Nevis

The island of St. Kitts/Nevis has no indigenous ophthalmologist. IEF, in collaboration with the Government, coordinates the posting of volunteer ophthalmologists who go to the island to provide direct eye care services to the local population. Volunteer ophthalmologists serve from two weeks to a month, although longer service time would be much preferred and is sometimes available. Assistance with supplies and nurse training is also provided as a part of the agreement between IEF and the St. Kitts/Nevis Government.

St. Vincent

Periodic supervision and consultation services to the local ophthalmologist, Dr. Junior Bacchus, who received his ophthalmological training under the auspices of the IEF in Barbados, is provided by
Booster F. McLendon, III, M.D., IEF's Project Director in Grenada. In addition, Dr. McLendon provides supplementary clinical and surgical services to patients and further training of ophthalmic health personnel. Nurses on St. Vincent receive training through IEF's Caribbean Nurse Training Program.

Caribbean Regional Program

While Grenada, St. Lucia, St. Vincent, and St. Kitts/Nevis are the recipients of individual programs sponsored by the IEF, programmatic concern is much wider and extends to the Caribbean region as a whole. In this larger context, IEF and the Royal Commonwealth Society for the Blind jointly finance the activities of the Blindness Prevention Officer of the Caribbean Council for the Blind, Mr. Dorbrene O'Marde. Mr. O'Marde has a Master of Public Health degree and over ten years' experience as a health planner and administrator in the Caribbean region. He works with Ministry of Health Officials in the region and the Inter-Agency Coordinating Group to conduct needs assessments, develop and coordinate regional initiatives, and implement, monitor, and evaluate regional proposals and country-specific programs.

IEF also provides training in primary eye care, blindness prevention, and advanced ophthalmic nursing techniques to nurses throughout the region through the Caribbean Nurse Training Program. IEF has provided extensive ophthalmic training to nurses from the various islands, and it is envisioned that six nurses on each island will be trained and certified as ophthalmic nurses. These six nurses would cover an eye clinic on their respective islands on a 24 hour a day basis. They would be responsible for screening for glaucoma and vision, refracting patients, recognizing eye disease, treating basic eye diseases, and assisting in the operating room.

Puerto Rico

The IEF continues to support its long-standing program for the training of health care professionals, both medical and paramedical, at the University of Puerto Rico. This program provides suitably-trained personnel for the Spanish-speaking countries of Latin America and the Caribbean. Courses are coordinated by Dr. William M. Townsend, Head of the Department of Ophthalmology and Mrs. Milagros Colon de Lopez, Director of the Ophthalmic Assistant Training Courses.

Four-month fellowships were provided this year for 13 physicians to the Basic Science in Ophthalmology Course, bringing the total physicians trained under IEF's support to over 550 since 1968. This course is a precursor to formal training in ophthalmology. Preventive ophthalmology and the concept of community service are strongly emphasized. Doctors from virtually every Latin American country have participated over the years and are now in their home countries providing a variety of eye care services.

IEF also supports a program for six months' advanced training in corneal surgery at the University. Each person selected for fellowship must have a written program endorsed by his/her government in which he or she promises to return to his or her home country and spend a certain amount of time performing services for charity patients, as well as training other physicians in those skills learned in the program.

Honduras

IEF sponsorship of the Magi Eye Clinic, based at the Leonardo Martinez Hospital in San Pedro Sula continues to improve eye care services throughout the heretofore underserved Cortes Region. The Clinic is completely equipped, has out-patient facilities, several in-patient beds, and includes its own operating theater. It is staffed by several part-time Honduran ophthalmologists and a full-time nursing staff paid by the Ministry of Health. It is the cornerstone of a plan to provide the full range of eye care services and the requisite training to provide these services in the Cortes Region. Planning is underway for the rural outreach aspect of the program.

As one primarily responsible for the development and implementation of IEF's Honduran program, Dr. Lawrence M. King, Jr. continues to provide training to indigenous personnel at the Clinic through frequent regular visits, lectures, and clinical demonstrations. He is occasionally assisted by other volunteer ophthalmologists from the U.S.

Training activities for regional and local nurses are conducted by Mrs. Tamara G. Oberbeck, R.N., C.O.M.T. Monthly sessions in primary eye care cover a broad range of topics. Over 75 nurses have completed the training course and received certificates. In addition, Mrs. Oberbeck conducts twice weekly in-service training sessions for nurses in eye conditions and diseases, OR procedures, visual screening, refraction, and instrument set-up and maintenance. Formal courses in anatomy and physiology and eye emergencies are included in this in-service training and are also offered to medical students.

Mrs. Oberbeck's involvement has included development of the primary eye care syllabus and other materials, day to day monitoring of clinic activities, and technical and surgical assistance. As a result of Mrs. Oberbeck's efforts, training in the early detection and treatment of vitamin A deficiency has been incorporated in the curricula of nursing and medical schools in Honduras.

Physician training has included continuing education for several ophthalmologists. Two Honduran ophthalmology residents are presently in training under IEF auspices, one in Guatemala and the other in Mexico.

Equipment and supplies are provided by IEF on a regular basis to this program, which is privately funded by the William M. and Ramona N. Carrigan Endowment.
Guatemala

In Guatemala, the IEF conducts a Vitamin A project in collaboration with the Comité Nacional Pro-Ciegos y Sordo Mudos (National Committee for the Blind and Deaf), the local agency having national responsibility for blindness prevention activities. The project is funded by the USAID Office of Nutrition. Supplemental funding for the project comes from Hoffmann-LaRoche’s “Sight and Life” Task Force.

The program, which is conducted through village schools, is investigating the effectiveness of a locally manufactured Vitamin A fortified food supplement, Nutriatol, in combatting vitamin A deficiency in children recovering from diarrhea and measles. The project’s catchment area includes Guatemala’s mountain cities of Coban and Carcha.

IEF also provides additional assistance to the Comité Nacional Pro-Ciegos y Sordo Mudos in the form of medical equipment, supplies, and educational materials.

As part of the IEF/Garrigan Endowment Fund Program, two Ophthalmology residents are in training at Guatemala City’s Hospital de Ojos y Oidos “Dr. Rodolfo Robles V” (a WHO collaborating center for the prevention of blindness). These residents, upon completion of training, will return to their respective home countries, Belize and Honduras, where their services are critically needed.

Onchocerciasis

Onchocerciasis, or river blindness, is a chronic parasitic infection which is found in an estimated thirty-four nations in Africa, Latin America, and the Arabian Peninsula. The disease is caused by a filarial worm, Onchocerca volvulus, which is transmitted through bites of a blackfly of the genus Simulium damnosum. River blindness derives its popular name from the fact that the disease occurs near fresh flowing rivers where the blackfly breeds. Fresh moving water is required for successful breeding of Simulium flies.

A relatively new medical drug, ivermectin (trade-name Mectizan), has been developed by Merck, Sharp and Dohme International, an American pharmaceutical firm, and is showing great promise toward the ultimate eradication of river blindness. Upon periodic ingestion of ivermectin by infected individuals, the larval worms that are transmitted through the blackfly bites are sterilized, and the adults are prevented from producing new larvae. The manufacturer of the drug has announced its intent to donate the drug to those countries in which the disease is endemic. Responsibility for costs of the drug’s distribution, however, must be borne by the distributing agencies.

IEF was awarded a grant from the Public Welfare Foundation to develop an effective replicable pilot project(s) for use in affected countries. An all inclusive, collaborative effort with other PVOs is envisioned for the development of these crucial pilot projects.
Society of Eye Surgeons

The Society of Eye Surgeons is the medical supporting arm of the International Eye Foundation. Its purpose is to promote the science of ophthalmic surgery among all peoples and nations. It helps sponsor IEF’s programs through membership fees and annual dues and supports IEF’s aims and objectives. The Society membership numbers over 1,000 ophthalmologists representing 64 countries of the world. The Consultant Board of the Society consists of world-renowned ophthalmologists from all continents. Periodic international meetings are convened to foster social intercourse among physicians and scientists interested in and skilled in ophthalmic surgery and surgical research.

The Annual meeting of the SES was held on November 9 at the Adolphus Hotel during the time of the annual American Academy of Ophthalmology meeting in Dallas. Over breakfast, members were briefed on the status of IEF programs around the world and heard presentations by several of the IEF’s Project Directors. Allergan Pharmaceuticals generously sponsored this meeting.

Members of the Consultant Board of the SES

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Raul Rodriguez Barrios, Uruguay
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Financial Support

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Foresight Foundation
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Charles T. Campbell Foundation
The Royal Commonwealth Society for the Blind
Mrs. Eleanor Close Barzin
CooperVision

Gifts-in-kind

In the developing world, where financial resources are so scarce and the need for eye care is so great, urgently needed medical equipment and supplies are often insufficient or unavailable. IEF relies on the generosity of corporate and individual donors to fill the gap so that IEF’s ophthalmologists and health workers have at hand the necessary equipment and supplies to treat those in need. During the past year, IEF received in-kind donations totaling more than $1 million.

Donated supplies and equipment from the following organizations have assisted the IEF in preventing and curing blindness worldwide:

- Allergan
- Merck Sharp and Dohme
- Ethicon
- Ilak
- Akorn
- CooperVision
- Opt-Craft

Numerous private individuals and medical groups have also generously donated equipment and expendable supplies to IEF programs.

“Eye Ball”

The International Eye Foundation’s Annual Eye Ball is the only charity affair held for the Foundation, and it is depended upon heavily for supplemental funds for IEF’s field programs. This year’s Ball, the twenty-first, was held on October 10th at the prestigious Four Seasons Hotel in Georgetown, Washington, D.C. The Chairman, Mr. Louis T. Donatelli, was able to get the entire affair underwritten for the first time.
in history, freeing all ticket, advertising and Silent Auction monies for direct use in IEF’s field programs. All Silent Auction items are donated by local and national concerns and by individual friends of the Foundation and contribute substantially to the financial success of the event. This year’s affair was the most successful to date.

“Giving the Gift of Sight” Program

In an effort to increase private funding, the IEF launched a collection program in mid-1986 with the cooperation of the opticians throughout the United States in which the opticians place collection containers in their stores. When their customers offer to pay for adjustments and minor repairs, which are usually performed by the optician free of charge, they suggest that the customer drop a contribution into the container to help support IEF’s programs for the prevention and cure of blindness in the developing countries of the world. Along with hundreds of individual opticians, several large chains have joined the program, and it is a growing success. The impact of this collaborative effort between this country’s opticians and the IEF will provide training and services to thousands who would not otherwise benefit.

Financial Summary

Detailed financial information extracted from the report of the IEF auditors can be found on the facing page. A copy of the complete audited financial report for this fiscal year may be obtained on request. During the past year IEF has experienced a decline in Government revenues, a situation in which many private voluntary organizations have found themselves recently.

Requests for assistance are far greater than those to which IEF can respond. In order to better answer the desperate needs of those requesting help, in the coming year emphasis will be placed on the development of private resources to offset declining Government funds. Donations to the IEF can be made in a variety of ways, including unrestricted general contributions, donations to support a specific program or activity, a deferred gift, gifts of insurance policies, or bequests in a will. Many donations to the IEF can be effectively doubled under the terms of the IEF’s matching grant agreement with U.S.A.I.D., or by employer matching gifts programs.

Donations to the International Eye Foundation are tax-deductible for income tax purposes.

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Summary Statement of Revenue and Expenses—1987–1988

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<thead>
<tr>
<th>Year Ended 30 June</th>
<th>1987</th>
<th>1988</th>
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<tr>
<td>Public Support*</td>
<td>362,992</td>
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<td>Contributions</td>
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<td>Fund Raising Events</td>
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<td>Combined Federal Campaign</td>
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<td>TOTAL PUBLIC SUPPORT</td>
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<td>Other Revenue</td>
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<td>Government Grants</td>
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<td>Dues, Rental Income, Interest and Dividends, and Miscellaneous</td>
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<td>TOTAL OTHER REVENUE</td>
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<td>TOTAL REVENUE</td>
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<td>RETAINED REVENUE</td>
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<tr>
<th>Year Ended 30 June</th>
<th>1987</th>
<th>1988</th>
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<td>Fixed Assets</td>
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<td>Receivables and Prepaids</td>
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<td>Current Liabilities</td>
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<td>Accounts Payable &amp; Accrued Expenditures</td>
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<td>Total Current Liabilities</td>
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<td>NET FUND BALANCE**</td>
<td>741,306</td>
<td>725,046</td>
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*Gifts-in-kind, consisting entirely of drugs & medical supplies are not included here.
**Total Assets less Total Current Liabilities.

International Eye Foundation, Inc.

Direct Expenditures on Program Services for the Prevention and Cure of Blindness Constitute 87.6 Per Cent of Total IEF Expenditures

Program Services*  
1986–1987—83.7%   
1987–1988—87.0%   
Supporting Services  
1986–1987—6.6%   
1987–1988—7.9%   
Fund Raising  
1986–1987—9.7%   
1987–1988—4.5%   
*Includes donations of medical and surgical supplies and equipment.
International Eye Foundation, Inc.

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