

the
**International
Eye Foundation**



International Eye Foundation
7801 Norfolk Avenue, Suite 200
Bethesda, Maryland 20814
USA

Telephone: (301) 986-1830
Fax: (301) 986-1876
Telex: 6730496 IEF UR



Annual Report 1989

FROM THE PRESIDENT

It's been an exciting year. In a groundbreaking development, IEF has received funding to launch its first programs to combat the scourge of river blindness, a horrid disease that threatens the sight and health of millions of villagers in developing nations.

Sight saving programs to prevent vitamin A deficiency in children in both Malawi and Guatemala have been strengthened and expanded.

IEF programs to train eye health workers in Ethiopia and Honduras have continued to ensure that eye care is brought to the poorest of the poor in these developing nations.

IEF has continued to emphasize support of local blindness prevention institutions to most completely fulfill the goal of all IEF programs: helping developing nations achieve self-sufficiency in eye care. Several IEF programs were evaluated over the last year. From Africa to Latin America, independent experts confirmed the effectiveness of our sight-saving programs.

At IEF headquarters we've thought a lot about the future, focusing on strategic planning and goal setting to help us more effectively reach those we serve. Eight new enthusiastic individuals joined the Board of Directors this year, complementing the experience and dedication of those already serving.

The accomplishments of the past year have brought new strength to IEF. Even as we review these activities we must focus on the new decade, which brings tremendous challenge and potential for blindness prevention activities worldwide.

The work that we have done this past year holds the promise of the future. We look to that future . . . and to your continued support. Without your help we can do little.

Nearly thirty years ago, Dr. John Harry King, Jr. founded the IEF to "promote peace through the prevention and cure of blindness worldwide". As we enter the decade of the nineties, his vision of "peace through sight" lives on.

Thank you for your support.

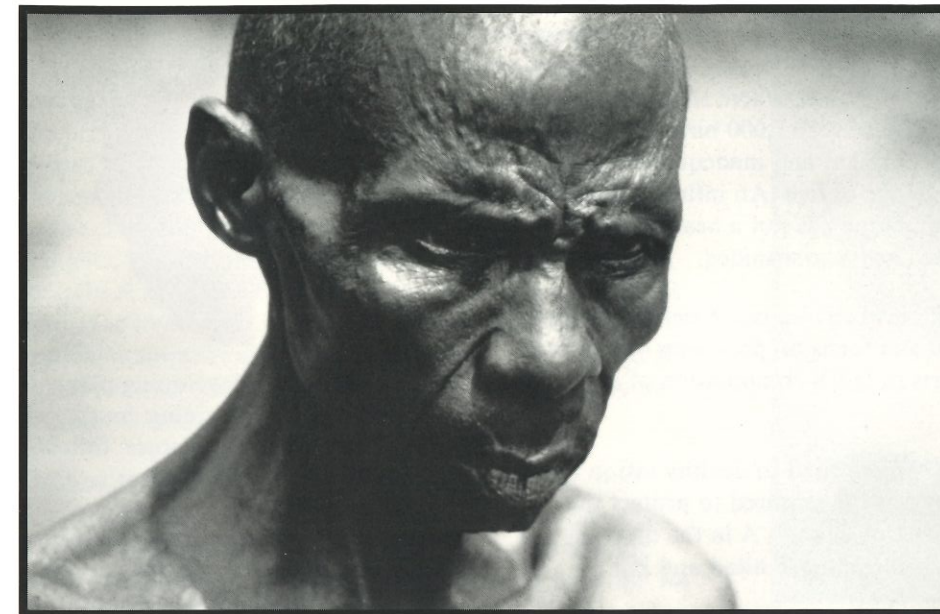


A handwritten signature in dark ink, appearing to read "Arnold B. Simonse".

Arnold B. Simonse, Ph.D.
President

SPECIAL FOCUS

THE BATTLE AGAINST RIVER BLINDNESS



River Blindness robs the sight of large numbers of people living along rivers, especially in West Africa. (photo courtesy of Merck, Sharp & Dohme, Inc.)

PROGRAMS BEGIN IN NIGERIA AND GUATEMALA

In 1988, IEF was awarded a planning grant from the Public Welfare Foundation to develop effective pilot projects for the distribution of Mectizan. This year we have taken great pride in launching two exciting programs based on those plans.

The first program targets three regions of Kwara State in Nigeria, where 3.2% of the population is blind from the disease and more than half of the population is infected with the parasite. For Nigeria, which harbors more than half of the world's river blindness, this program is a first step in providing a workable model which can be used by other states throughout the nation.

In Guatemala, the target area is the region of Yepocapa, where the disease is smaller in focus but equally devastating in effect as its Nigerian counterpart. Along with Mectizan distribution, health workers also perform surgical removal of the skin nodules, especially in cases where villagers are unable to receive the medication due to age, pregnancy or other illness.

Each program includes intensive community awareness and information campaigns to ensure that the "Mectizan message" is received accurately by all who can benefit from the drug. Support for both of these projects is provided by the Public Welfare Foundation and IEF donors.

As you read this report, Mectizan distribution has already begun in Nigeria and Guatemala. With each day that goes by, hundreds of villagers at risk are receiving Mectizan in IEF's first major efforts to control the scourge of River Blindness.

RIVER BLINDNESS & MECTIZAN

It is rare that we have an opportunity to make a sweeping and far-reaching change in the health of millions of victims of disease. A new drug called Mectizan, produced and provided free of charge by Merck, Sharp and Dohme, Inc., promises that very opportunity.

Mectizan targets River Blindness, a complex and horrible disease also known as onchocerciasis. The disease begins with the bite of an infected black fly, which passes on parasitic worms which have been picked up from another human. These parasitic worms enter the system and can grow up to two feet in length, living in the body curled up in nodules. The worms constantly produce millions of offspring (microfilariae) which seethe throughout the body, causing agonizing itching, skin disfigurement, and after repeated re-infection, blindness and shortened life expectancy.

River Blindness derives its name from the fact that the tiny black flies that spread the dreaded disease breed in fast-moving water. An estimated 18 million people, mostly in Africa, but also in parts of Latin America and the Middle East, have been infected by the parasitic worms that cause river blindness.

Safe and effective, Mectizan can be given out in mass campaigns in isolated villages in the affected nations. A dose or two of Mectizan a year kills off the microfilariae, controlling the level of parasitic infection in the human body, thereby preventing serious symptoms and lessening the chance that the disease can be passed on to another human being.

Nothing can restore the vision of those already blinded by the scars of river blindness. But this new drug will save millions of potential victims from this crippling and blinding disease.

Africa

Malawi

Life is difficult for children in the impoverished Lower Shire Valley of Malawi. High rates of childhood blindness caused by vitamin A deficiency and trachoma are indicative of the overall health situation in the region, where the infant mortality rate is estimated at around 200 deaths for every 1,000 births. In this densely populated region, plagued by frequent drought and inadequate health services, nearly 40% of children never reach the age of five. An influx of hundreds of thousands of refugees from war-torn Mozambique has put a heavy strain on a health care system that is already overburdened and underfunded.

IEF programs in Malawi recognize the link between vitamin A deficiency and other threats to the life and health of children and focus on provision of vitamin A and nutrition education as the central efforts in IEF's combination of activities to improve child welfare.

One vitamin A capsule is the first step back on the road to healthy vision for a child suffering from vitamin A deficiency. Far more is required to protect the child from future threats due to a continued lack of vitamin A in the diet and from illnesses such as diarrhea and measles which can both blind and kill.

Over the past year, IEF has worked to ensure that children have access to vitamin A and essential services such as eye exams and measles immunizations, either at health centers or from mobile teams. This essential program is supported by USAID and the "Sight and Life" Task Force of the Hoffmann-La Roche Company.

In 1989, IEF initiated a program to target 45 villages in the Lower Shire Valley using volunteer Village Health Promoters as core health personnel. Mass village rallies, which include nutrition education, vitamin A distribution, eye exams and immunizations, form the core of this innovative program.

The health of its children is a high priority to the communities of villagers in the Lower Shire Valley. This new program emphasizes IEF's commitment to community involvement as the key to effective and sustainable sight and life saving efforts.

Ethiopia

The cornerstone of all IEF programs is appropriate training. This principle is nowhere more evident than in our Ethiopia Blindness Prevention and Training Project, which trains Ophthalmic Medical Assistants (OMAs) to work throughout Ethiopia. In this troubled nation of 48 million people, preventable conditions such as trachoma and vitamin A deficiency are major public health problems. Ethiopia suffers from a severe shortage of ophthalmologists, which leaves most of the country, particularly the rural and semi-rural areas, with no access to appropriate eye care. The answer? A cadre of para-professionals: Ophthalmic Medical Assistants trained to provide primary and secondary level care to the thousands of Ethiopians who suffer from preventable or treatable eye disease.

In the Spring of 1989 the second class of OMAs completed their training, making a total of 36 OMAs who have already successfully graduated and been posted to nearly every province in Ethiopia, staffing many rural and urban clinics which were previously unable to offer eye care. A new group of 23 trainees, the biggest class yet, began training soon after the graduation of their predecessors. The first three classes of OMAs have been trained under a program funded by USA for Africa and BandAid.



IEF is currently developing plans to continue the OMA training course, adding one important feature: follow-up of trainees who are currently serving in their home regions. Currently, project staff communicate with the OMA course graduates, but supervision is difficult due to staff limitations. Additional support and assistance to the trainees will be a vital part of the next phase of this successful project.

Zimbabwe

Project activities in Zimbabwe have focused on many specific objectives in the development of a long-term strategy for all blindness prevention activities in the nation. Funded by the International Foundation and IEF donors, the program has made great strides in several of its target areas, putting into place many of the essential ingredients for a blindness prevention program, including the establishment of a Blindness Prevention Committee within the Ministry of Health, the assessment of eye services throughout the nation, and the development of plans to establish training courses for both Zimbabwean ophthalmologists and Ophthalmic Medical Assistants.

A new activity over the past year has been the assessment and treatment of vitamin A deficiency and other eye diseases in Mozambican refugees who presently live in refugee camps along the border of Zimbabwe.

Victims of war and poverty, these refugees are forced to leave their

homes to find safety beyond the borders of their nation. Often, they find refuge in neighboring nations such as Zimbabwe and Malawi which are struggling with socio-economic concerns of their own and can ill afford to support this influx of destitute refugees.

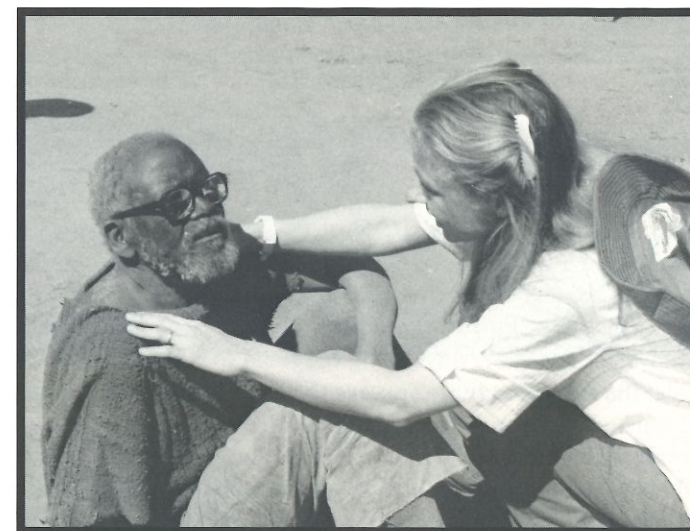
Conditions in these camps, including overcrowding, malnutrition, lack of access to health services and inadequate sanitation and water supply combine to make the prevalence of avoidable blindness higher than in the general population. IEF's Project Director, along with personnel from the relief organization HelpAge, travelled to the camps to assess the ocular and nutritional status of refugees. In each camp the team provided high potency vitamin A capsules (donated by the "Sight and Life" Task Force) to children with signs of vitamin A deficiency or general malnutrition. Children and adults were treated for eye conditions such as trachoma, which was found to be endemic in most of the camps.

Though IEF activities will be scaled down over the upcoming year, IEF plans to continue its involvement in Zimbabwe by working with the Ministry of Health and other organizations to establish a sight-saving program for refugees in southern Africa.

Top right: In Ethiopia, an Ophthalmic Medical Assistant examines a child.

Right: In Zimbabwe, IEF and HelpAge treated refugees in several camps along the Zimbabwe border.

Below: In Malawi, children gather to participate in a village health rally.



Upcoming Programs

Mectizan Distribution Begins in Nigeria

In Nigeria, in partnership with Africare and the Ministry of Health of Kwara State, IEF will distribute Mectizan to people living in three distinct areas of Kwara State, where an average of 55% of the population is already infected with the River Blindness parasite and can immediately benefit from the drug. This program, funded by the Public Welfare Foundation and IEF donors, will include public awareness and training. See our *Special Focus* section for more details.

Latin America and The Caribbean

Guatemala

In Guatemala, IEF's collaboration with the National Committee for the Blind and Deaf to prevent vitamin A deficiency has blossomed into a full-fledged blindness prevention partnership, supported by both USAID and the "Sight and Life" Task Force of the Hoffmann-La Roche Co.

Activities began in 1987 with a seed grant from USAID to develop and distribute a vitamin A-rich cereal-like food supplement called NutriAtol. Targeted at children under five who are recovering from nutritionally depleting diseases such as diarrhea or measles, NutriAtol helps restore a child's reserves of vitamin A, protecting the child from nutritional blindness.

The plan is based on the Guatemalan tradition of providing a cereal-like mixture called an "atol" to sick children. NutriAtol is based on a traditional "atol" formula fortified by vitamin A and other nutrients, plus sugar to add extra child appeal, packaged in a small colorful envelope.

The project's distribution plan is a novel approach: school-age children bring NutriAtol home to their sick brothers and sisters. Teachers, assisted by health promoters, find out which children have preschool siblings, get parents together for nutrition education and distribute NutriAtol to the schoolchildren to take home.

By the end of the year under review, NutriAtol had reached over 10,000 children. This trial program using the rural school as a health care center may mean that schools can be used for other primary health care programs.

In a related development, IEF received funding for two important vitamin A research projects in Guatemala during the year under review; projects which will be vitally significant to the expansion of vitamin A activities in Guatemala. The first project is a survey assessing the local availability of vitamin-A containing foods; the second activity surveys the distribution and frequency of consumption of foods within a rural household. In this way we will be studying not only "what is available?" but also "who eats what, and how often?". Data from these studies will assist in determining how to add home and school gardens to the program and also will determine the impact of NutriAtol on the community.

Honduras

For those in the sight-saving field, perhaps one of the clearest measures of accomplishment is to see a fully functioning eye clinic where previously eye services were inadequate or non-existent; to see patients getting the essential eye care that previously was unavailable to them. Most importantly, to see this facility integrated into the health system of a developing nation, thereby ensuring continuation of these essential services.

IEF's main Honduras activity, the Magi Eye Clinic at Leonardo Martinez Hospital in San Pedro Sula, is an excellent example of this type of transformation. This comprehensive program to improve eye services in the northern region of the nation, funded largely by IEF board member William M. Carrigan, has included the training of physicians and nurses and the provision of equipment and supplies. It has been successful on every level, offering increasingly comprehensive clinical and surgical services, and continually expanded clinic hours and examination and operating areas.



Under a new agreement with the Ministry of Health of Honduras, plans are already in the works to replicate this successful program in the community of Santa Barbara, another area in the northeastern region where eye care services are presently non-existent. A Honduran ophthalmologist trained by IEF under the first phase of the Magi program will provide eye services in Santa Barbara, thereby best fulfilling the goal of this program by both providing eye care to the neediest patients and promoting self-sufficiency in eye care in Honduras.

Caribbean Regional Program

Eye disease is a major public health problem in the Eastern Caribbean. Recent research indicates that up to 12% of adults over 40 suffer from glaucoma, the leading blinding disease in the region. This percentage is extremely high compared to the rate of around 0.5% found in the U.S. High rates of other treatable diseases, cataract and diabetic retinopathy, have also been reported.

Since the early 1980s IEF has worked in various island-nations in the Eastern Caribbean to establish comprehensive blindness prevention and treatment programs. Many of these small nations had no ophthalmic services. The plan was quite simple: IEF provided expatriate ophthalmologists to initiate a blindness prevention program while at the same time making provisions for Caribbean physicians to be trained in ophthalmology.

For example, IEF ophthalmologists worked in Grenada and St. Lucia for several years, while local physicians received training in ophthalmology. IEF activities in these nations are now winding down, leaving in place comprehensive blindness prevention programs, including trained nurses and health workers, public awareness programs, examination and referral systems, and clinical and surgical services.

During the year under review, IEF continued its support of the Prevention of Blindness Office of the Caribbean Council for the Blind (CCB), the main Caribbean-based agency working in blindness prevention in the region. IEF also supported nurse training on many Caribbean island-nations and sponsored the creation of a newsletter for Eastern Caribbean eye nurses.

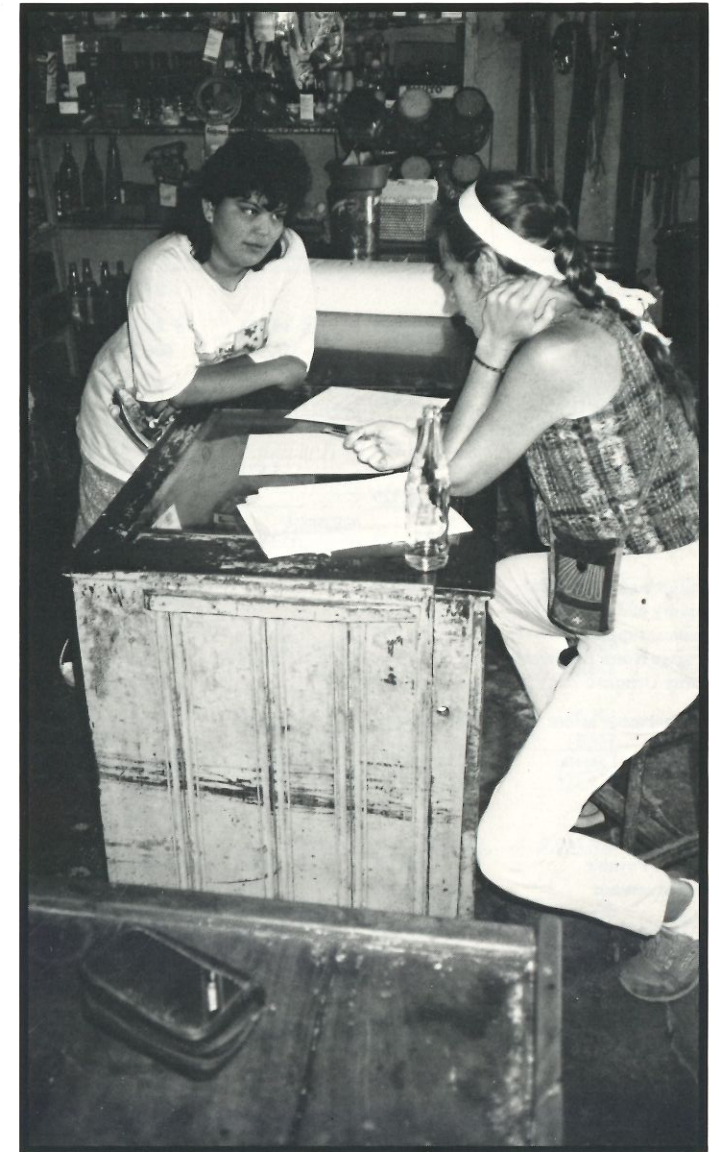
In addition, IEF volunteers provided clinical and surgical eye care and nurse training to St. Kitts and the Turks and Caicos, nations that currently have no eye services.

Puerto Rico

This year, IEF continued to provide support for Latin American physicians to attend training courses at the University of Puerto Rico. Participants from several different nations undertook training in Basic Ophthalmology as a precursor to their resident training. IEF also supported the fellowship program which recruits students to study diseases and surgery of the cornea.

Top right: In Guatemala, IEF surveys the food consumption habits of villagers.

Below: In Honduras, ophthalmologists at the Magi Eye Clinic examine a child.



Upcoming Programs

Mectizan Distribution Begins in Guatemala

In Guatemala, in partnership with the National Committee for the Blind and Deaf, IEF will distribute Mectizan in the region of Yepocapa. This project, funded by the Public Welfare Foundation and IEF donors, will attempt to control river blindness and will include a public education campaign to ensure that all potential beneficiaries of Mectizan receive this sight-saving medication. See our *Special Focus* Section for more information.

Balance Sheet

International Eye Foundation, Incorporated

	June 30, 1989			1988
	Unrestricted	Restricted	Total	Total
ASSETS				
Cash	\$ 43,619	\$ 44,694	\$ 88,313	\$ 541,145
Investments	247,696	358,541	606,237	288,301
Receivables:				
Interfund transfers	(34,998)	34,998	0	0
Interest	-	1,234	1,234	1,511
Miscellaneous	21,767	-	21,767	71,912
Governmental grants	-	5,571	5,571	(3,899)
Prepaid expenses	<u>4,325</u>	<u>-</u>	<u>4,325</u>	<u>12,579</u>
Total current assets	<u>282,409</u>	<u>445,038</u>	<u>727,447</u>	<u>911,549</u>
Furniture and Equipment	24,630	-	24,630	30,434
Inventory of donated medical supplies	168,292	-	168,292	27,474
Mortgage Notes Receivable	-	33,429	33,429	48,415
Security Deposits	<u>5,522</u>	<u>-</u>	<u>5,522</u>	<u>5,165</u>
Total other assets	<u>198,444</u>	<u>33,429</u>	<u>231,873</u>	<u>111,488</u>
Total assets	<u>\$480,853</u>	<u>\$478,467</u>	<u>\$959,320</u>	<u>\$1,023,037</u>
LIABILITIES				
Accounts Payable	\$256,958	\$ 3,562	\$260,520	\$ 78,419
Deferred revenue	<u>8,456</u>	<u>75,370</u>	<u>83,826</u>	<u>191,264</u>
Total liabilities	<u>265,414</u>	<u>78,932</u>	<u>344,346</u>	<u>269,683</u>
FUND BALANCES				
Unrestricted	136,705	-	136,705	276,142
Memorial Fund	78,734	-	78,734	77,677
Endowment	<u>-</u>	<u>399,535</u>	<u>399,535</u>	<u>399,535</u>
Total Fund Balance	<u>215,439</u>	<u>399,535</u>	<u>614,974</u>	<u>753,354</u>
Total Liabilities & Fund Balances	<u>\$480,853</u>	<u>\$478,467</u>	<u>\$959,320</u>	<u>\$1,023,037</u>

The International Eye Foundation is audited annually by Thomas Havey and Co. of Washington, D.C. A complete audit report is available upon request.

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

FINANCIAL

SUMMARY

Statement of Functional Expenses

for the year ended June 30, 1989

	1989 Program Services			
	Africa Programs	Latin America Programs	Eastern Caribbean Programs	Program Development
Salaries	\$215,970	\$ 18,155	\$ 79,837	\$28,253
Taxes & Fringe Benefits	39,491	1,050	16,680	8,159
Temporary help	-	-	2,400	-
Consultants	5,750	21,818	5,674	8,631
Fellowships & Stipends	-	20,202	24,200	-
Medical Supplies & Equipment	148,296	830,629	255,885	-
Supplies & Equipment	5,068	4,389	1,026	-
Telephone & Telegraph	8,703	1,047	12,287	173
Postage, Shipping & Storage	11,614	1,932	10,838	-
Training Materials	24,040	300	1,487	-
Rents	5,950	-	(230)	-
Publications, Dues & Fees	18,524	486	4,197	295
Travel	56,033	18,269	22,380	10,789
Vehicle expenses	23,516	-	2,778	-
Depreciation	-	-	-	-
Miscellaneous	10,171	2,973	1,007	44
General & Administrative	<u>19,805</u>	<u>9,988</u>	<u>11,831</u>	<u>3,601</u>
	<u>\$592,931</u>	<u>\$931,238</u>	<u>\$452,277</u>	<u>\$59,945</u>

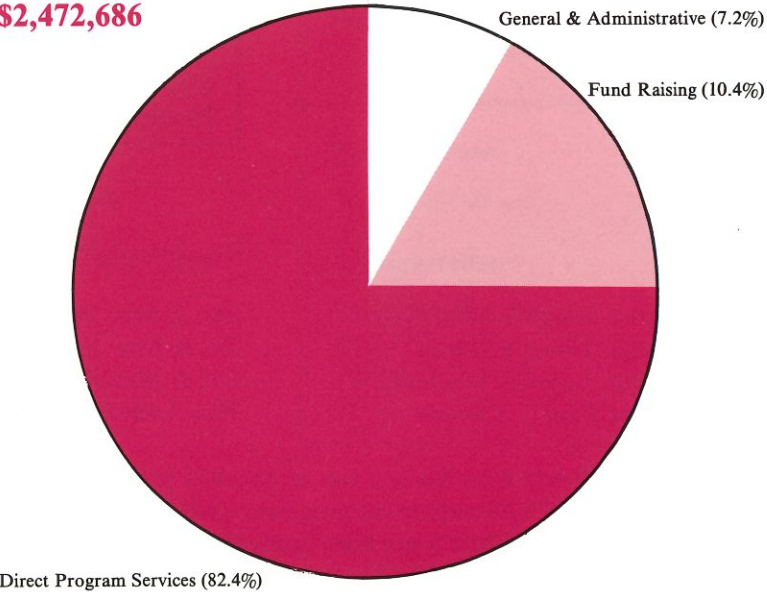
	1989 Supporting Services			Total Expenses	
	Management & General	Fund Raising	Total Expenses	1989	1988
Total Program Services					
\$ 342,215	\$ 80,291	\$ 30,289	\$110,580	\$ 452,795	\$ 472,556
65,380	24,578	8,394	32,972	98,352	140,012
2,400	645	1,619	2,264	4,664	8,278
41,873	23,525	67,266	90,791	132,664	16,960
44,402	-	-	-	44,402	57,185
1,234,810	-	-	-	1,234,810	1,054,395
10,483	6,962	655	7,617	18,100	49,669
22,210	6,944	349	7,293	29,503	28,522
24,384	3,863	100,012	103,875	128,259	34,927
25,827	221	110	331	26,158	16,798
5,720	47,703	-	47,703	53,423	49,923
23,502	22,086	35,790	57,876	81,378	78,538
107,471	8,768	3,382	12,150	119,621	89,562
26,294	-	-	-	26,294	28,559
-	4,703	-	4,703	4,703	4,923
14,195	170	3,195	3,365	17,560	26,708
<u>45,225</u>	<u>(52,537)</u>	<u>7,312</u>	<u>(45,225)</u>	<u>-</u>	<u>-</u>
<u>\$2,036,391</u>	<u>\$177,922</u>	<u>\$258,373</u>	<u>\$436,295</u>	<u>\$2,472,686</u>	<u>\$2,157,555</u>

Statement of Support, Revenue and Expenses and Changes in Fund Balances

for the year ended June 30, 1989

	Unrestricted	Restricted	1989 Total	1988 Total
PUBLIC SUPPORT & REVENUE				
Public Support:				
Contributions and grants	\$ 373,869	\$112,576	\$ 486,445	\$ 576,990
Donated medical supplies	1,310,956	-	1,310,956	1,026,417
Fund raising events	47,550	-	47,550	57,902
Combined Federal Campaign	<u>113,881</u>	<u>-</u>	<u>113,881</u>	<u>75,766</u>
Total Public Support	<u>1,846,256</u>	<u>112,576</u>	<u>1,958,832</u>	<u>1,737,075</u>
Revenue:				
Grants from governmental agencies	-	294,470	294,470	294,786
Dues	16,130	-	16,130	10,638
Interest/Dividends	23,618	-	23,618	17,093
Endowment income expended	-	28,705	28,705	26,692
Other revenue	<u>12,551</u>	<u>-</u>	<u>12,551</u>	<u>45,502</u>
Total Revenue	<u>52,299</u>	<u>323,175</u>	<u>375,474</u>	<u>394,711</u>
Total Public Support & Revenue	<u>1,898,555</u>	<u>435,751</u>	<u>2,334,306</u>	<u>2,131,786</u>
EXPENSES:				
Program Services	1,600,640	435,751	2,036,391	1,867,763
Support Services:				
Management and general	177,922	-	177,922	170,085
Fund raising	<u>258,373</u>	<u>-</u>	<u>258,373</u>	<u>119,707</u>
Total Expenses	<u>2,036,935</u>	<u>435,751</u>	<u>2,472,686</u>	<u>2,157,555</u>
Excess (deficiency) of public support & revenue over expenses	(138,380)	-	(138,380)	(25,769)
Fund balance, beginning of year	<u>353,819</u>	<u>399,535</u>	<u>753,354</u>	<u>779,123</u>
Fund balance, end of year	<u>\$ 215,439</u>	<u>\$399,535</u>	<u>\$ 614,974</u>	<u>\$ 753,354</u>

Total Expenditures for 1989
\$2,472,686



YOUR SUPPORT MAKES IEF'S WORK POSSIBLE

We salute you . . .

. . . the foundations, government agencies and service organizations who fund IEF's sight saving activities throughout the world

. . . the many corporations who unfailingly respond to our requests for the sight-saving equipment and supplies our programs

. . . the thousands of supporters who designate IEF each year in the Combined Federal Campaign

. . . the enthusiastic volunteers who give so generously of their time to make IEF's annual Eye Ball a success

. . . the members of IEF's Society of Eye Surgeons throughout the world whose support is vital to IEF's programs

. . . the hundreds of opticians who show their commitment to helping IEF provide quality eye care by placing our collection jars in their stores

. . . and most importantly, the many individuals who form the core of support for IEF programs and who are truly the best example of people-to-people development

MAJOR DONORS*

Accurate Optical Co., Inc.
Alcon
Allergan
Alzapiedi Eyewear
American Academy of Ophthalmology
BandAid
Mrs. Eleanor C. Barzin
Mr. and Mrs. William M. Carrigan
Cataract Teaching Foundation
Chibret International
Clear-View Optical
Mr. David P. Close
Ms. Brenda C. Coleman
Colonial Opticians
Coopervision
Crestar Bank
Dietz-McLean Optical Co, Ltd.
Mr. and Mrs. Louis T. Donatelli
E.B. Brown Opticians
Ellis Opticians
Ethicon
EuroMotorcars
Franklin & Co., Inc.
Garfinckel's
Mr. and Mrs. Jay R. Gartenhaus
The Hecht Company
Mr. Joseph V. Huntington
IBM Corporation
I. Magnin
International Foundation
Iolab
F.M. Kirby Foundation
Mr. and Mrs. William Kotzalas
Mr. James S. Long, Jr.
Marcus Opticians
Marjorie Merriweather Post Foundation
Merck and Co., Inc.
Muchnic Foundation

Neiman-Marcus
Optical Concepts
Park Hill Optical
Pearle Vision Centers
Pharmacia
Professional Vision Center, Inc.
Public Welfare Foundation
Randall Venzie Opticians
Retina Consultants, P.C.
Rotary Club of Columbus, OH
Rotary Club of Mercer Island, WA
Mr. and Mrs. Hugo Schiattareggia
"Sight & Life" Task Force of F. Hoffmann-La Roche, Co., Inc.
Sight Savers (RCSB, UK)
Katherine Slotter (Estate)
Southern Optical
Mrs. Labrot Spence
Sterling Optical
Martha Washington & Harry H. Straus Foundation
USA for Africa
US Agency for International Development
Mr. and Mrs. Constantine G. Valanos
Robert Vincent and Mary Grace Sloan
Western Optical
Mrs. Alexander Wishbow
Women's Association of the National Presbyterian Church
Woodward and Lothrop

Special Thanks to Mr. Charlie Williams of Vision Technical Services for his invaluable advice and assistance.

(*For Fiscal Year ending 6/30/89)

The John Harry King Society

Dr. & Mrs. Frank S. Ashburn
Mr. & Mrs. David P. Close
Mr. & Mrs. Louis T. Donatelli
Dr. & Mrs. Paul T. Gavaris

Mr. & Mrs. William Amory Jewett
Dr. & Mrs. Lawrence M. King, Jr.
Dr. & Mrs. Robert H. Meaders
Mrs. Labrot Spence

Mr. & Mrs. Guerin Todd
Dr. Barbara A. Underwood
Mr. & Mrs. Charles B. Wheeler

The John Harry King Society was established in the Spring of 1989 to honor IEF's founder. Dr. King was the driving force behind IEF's humanitarian programs until his death in 1986. Created in memory of Dr. King's dream of "peace through sight", the Society provides funds for IEF's most important pacesetting programs.

Board of Directors

Dr. Arnold B. Simonse
President

Dr. Lawrence M. King, Jr.
Vice President
Senior Medical Director

Mr. William M. Carrigan
Secretary

Dr. Frank S. Ashburn, Jr.
Treasurer

Mr. William D. Clark
Mr. David P. Close
Mr. Sheldon W. Cole
Dr. Claude L. Cowan
Mrs. Louis T. Donatelli
Mr. James S. Friedlander
Dr. Paul T. Gavaris
Mr. William Amory Jewett
Mr. Peter Loan
Mrs. Labrot Spence
Dr. Barbara A. Underwood
Mr. Charles B. Wheeler
Ms. Charlotte M. Wilmer

IEF FIELD OFFICES

IEF Ethiopia
Ethiopia Blindness Prevention & Training Project
P.O. Box 30715
Addis Ababa, Ethiopia
Tel: 011-2511-11-79-51
Pawlos Quana'a, M.D.
Bulti Kalbessa

IEF Guatemala
Comite Nacional Prociegos y Sordomudos
Hospital de Ojos y Oidos
"Dr. Rodolfo Robles V."
Diagonal 21 y 19 Calle, Zona 11
Guatemala City, Guatemala
Tel: 011-5022-73-03-75
Gustavo Hernandez Polanco, M.D.
Baxter F. McLendon, M.D.

IEF Honduras
Colonia 15 de Septiembre, T-34
Comayaguela, Honduras
Tel: 011-504-33-15-31
Maria Antonieta Dominguez King

IEF Malawi
P.O. Box 2273
Blantyre, Malawi
Tel: 011-265-630-273 or 426-298
Craig Reeves, M.P.H.
Herbert Banda

IEF Nigeria (with Africare)
c/o Africare House
45 Ademola Street, P.O. Box 52839
Falomo, Ikoyi, S.W.
Lagos, Nigeria
Tel: 011-2341-68-54-00
Bekki J. Johnson, Ph.D.

the International Eye Foundation



Ann Donatelli (second from right) with Eye Ball Committee Members

Each year the aptly-named "Eye Ball", IEF's major annual fund-raising event, brings in vital funding for our most important programs. The boundless energy and dedication of IEF Board Member Ann Donatelli has made the "Eye Ball" a hugely successful and popular gala.

Headquarters Staff

Jack B. Blanks, Jr.
Acting Executive Director

Program:

Jack B. Blanks, Jr.
Patricia Chiancone
John M. Barrows
Larry Schwab, M.D.

Public Affairs:

Sonya Shields

Administration:

Edwin M. Henderson
Anil D'Souza
Victoria Manages