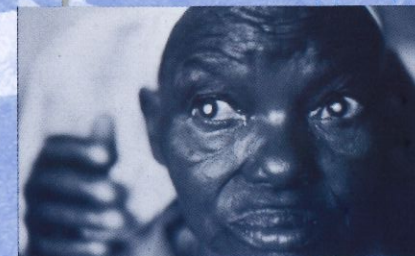
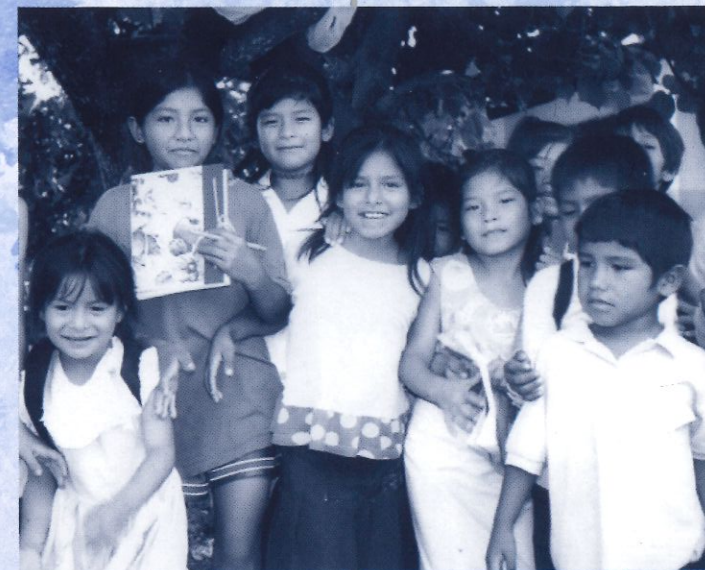




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2002 Annual Report

In Memoriam...

Helen Tewksbury King Harlee

One of the lights of our history and life is gone, but not forgotten. Helen King Harlee, the always happy, always positive, always beautiful wife of IEF's founder, Dr. John Harry King, Jr., passed away on November 20th, 2001 after a long illness.

Married in 1936, Helen traveled the world with Dr. King before, during and after World War II during his distinguished army career, always mindful of the dangers he faced while being his biggest fan at his many achievements. As a pioneer in corneal transplant surgery, Dr. King embarked on a second career after the army teaching young surgeons internationally, establishing eye banks in the US and abroad, and founding the International Eye Bank in 1961 which became the International Eye Foundation in 1965. Helen was always there by his side.

Helen not only helped raise important funds, but she helped build the IEF family of professionals, volunteers, and partners. Whether at an international conference, or emerging from a tent in an African village, Helen was always perfectly poised and ready for whatever lay before her. After Dr. King's death in 1986, she married Rear Admiral John Harlee and remained a strong supporter of IEF's work. We have been extremely fortunate and grateful for her life, her dedication, her love, and her friendship.

Frances Humphrey Howard

Frances Humphrey Howard was a force to be reckoned with and a proud member of our Honorary Board of Directors. She died on September 23rd, 2002 at the age of 88. An exuberant activist as well as the younger sister and confidante of the late Vice President Hubert H. Humphrey, she devoted her life to public service. Her master's degree in sociology from George Washington University led her to the side of Eleanor Roosevelt who made her Director of the Office of the War on Hunger. Her rich and full life as a foreign service officer with the State Department took her around the world fighting for civil rights, women's rights, and improving the lives of the poor. She headed the fledgling United Nations Association in the 1950's, worked for USAID, and retired as a special assistant at the National Library of Medicine. Her interests spanned the arts, humanities, NGOs, and of course, she remained politically active throughout her remarkable life. We were privileged to have honored Frances at the 2001 Eye Ball®, IEF's annual charity gala, where her spirit soared and her words inspired us. She was a force in the world and made it a better place...



Message from the

President and Executive Director

Restoring sight and preventing blindness for more and more people is an achievement we at the International Eye Foundation are proud of. We have been busy transforming eye hospitals and clinics in developing countries to greater productivity treating more people than ever before. The quality of care has improved, especially cataract surgery. Before IEF's help, only 10% of cataract patients received an intra-ocular lens (IOL) implant during surgery because they were too expensive. Now, approximately 90% of all patients receive an IOL, even those receiving free surgery.

How can this be possible? IEF's SightReach® Management program is systematically transforming the way eye clinics and hospitals are managed. IEF shows them how to reduce costs, strengthen their management capacity, and indeed, find creative ways of earning income that subsidizes poor patients who receive eye care free of charge. Optical services provide new spectacles made specifically for each patient at varying prices including free for the poor. Income from the optical services is returned to the eye hospital to subsidize services for the poor. All this by using existing resources more efficiently. Improved quality of care and visual outcome, better service and patient satisfaction, and improved efficiency attract more patients who stayed away before because they lacked faith that they would have their sight restored, even if the service was free.

We continue to battle vitamin A deficiency as part of our important child survival programs improving the lives of mothers, children and their communities. "River blindness" control is ongoing as we continue to treat thousands of infected and at risk people, adding thousands more to the treatment rolls each year.

Looking back over the last year, the world has changed in many ways. But life goes on for all of us. Families continue to struggle, communities continue to grow, and countries continue to develop. With your help, IEF continues to fight blindness in new and creative ways. The following pages describe this work and we continue to be grateful to all of you for your dedication and support.



Thomas H. Price, III, Esq.
President



Victoria M. Sheffield
Executive Director



80% of the world's blindness is avoidable....

According to the World Health Organization (WHO), an estimated 180 million people worldwide are visually disabled, and 40-45 million of them are blind. About 90 % of the world's blind live in developing countries. 80% of the world's blindness is avoidable, preventable or treatable with available interventions. Cataract is responsible for nearly 50% of world blindness. Furthermore, Dr. Gro Brundtland, Director General of WHO, believes that if current population growth and aging trends continue, the number of blind people in the world could double by 2020.

Most eye surgeons are concentrated in cities and urban centers. Eye clinics struggle to modernize, and the cost of modernization is high. Trachoma, "river blindness", and vitamin A deficiency, diseases of poverty, continue to challenge our goal of eliminating avoidable blindness. Sight-saving medicines are critical to preventing and treating people, but public health approaches to reduce the risk of disease such as providing clean water and improving nutrition for children, are the key to long-term success. This report describes how IEF's SightReach® programs are attacking these challenges at the root and making a difference.

Cataract

Unoperated cataract accounts for half of all blindness worldwide— 17 million people

There are 1 to 2 million new cases annually

Only 10% (2-2.5 million) are operated annually

Most unoperated cataract blind live in developing countries

Trachoma

Trachoma accounts for 6 million blind worldwide

146 million having active infection needing treatment

"River Blindness" (onchocerciasis)

17 million people are infected

350,000 are blind

up to 1 million people have severe visual loss

80-100 million at risk of infection

Over 95% of these people live in Africa

Vitamin A Deficiency

14 million blind children worldwide

Represent 70 million life years (DALYs is a World Bank term referring to Daily Adjusted Life Years of disability, in this case due to blindness)

WHO estimates 8 to 10 million children with vitamin A deficiency

500,000 of these become blind each year — one per minute

60% to 80% of these blind will die before their 5th birthday

"The promotion of peace through the prevention of blindness"

John Harry King, Jr.,
MD, founder

Now more than ever, we appreciate our founder's words. We not only promote peace by working and sharing with colleagues around the world. We bring peace to our patients who no longer face blindness thanks to the kindness of caring and healing professionals and those who support their work.



Photo credit: Larry Schwab, MD

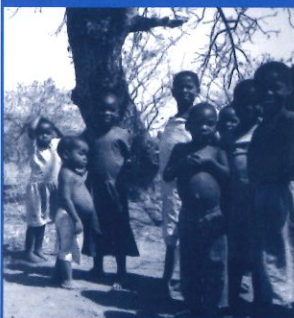


Photo credit: Gwen O'Donnell, MA, MHS

Children in Nsanje District, Malawi suffer from malnutrition, vitamin A deficiency and parasites.

SightReach® Prevention

Yes, we have the tools to fight blindness caused by poverty ...

Unoperated cataract, trachoma, river blindness, and vitamin A deficiency exist because of poverty. We now have the tools to restore sight and prevent blindness due to these diseases.

Cataract

The critical tool: quality, affordable intra-ocular lens implants

IEF's SightReach® Management programs in El Salvador, Egypt, India, Malawi, and Tanzania are increasing the overall number of cataract operations, especially the poor who need free care. See the SightReach® Management program page for results.

Trachoma

The tool: antibiotic eye ointment and azythromycin donated by Pfizer

An infectious eye disease causing red runny eyes, trachoma leads to scarring of the upper eyelids and cornea, the eye's clear front window. It has been known since the time of the ancient Egyptians, and is most common among women and children in areas where there is a lack of water and poor sanitation. In Malawi, IEF supports the treatment of villagers, pays for the building of wells to provide clean water, and improves sanitation.

River Blindness (onchocerciasis)

The tool: Mectizan® (ivermectin) donated by Merck & Company

Microscopic worms live under the skin and can travel into the eye causing blindness. The worms are passed to humans by small black flies that breed in fast flowing, fresh water rivers. Thus the common name "River Blindness."

In Cameroon's Adamaoua Province, 270,439 people in 819 communities received their annual dose of Mectizan in 2002, up from 215,000 last year and exceeding objectives. In the southern region of Malawi, 255,234 people received their 2002 annual Mectizan dose. This total is expected to rise to over 370,000 when all reports are received.

Vitamin A Deficiency

The tool: megadose 200,000 IU vitamin A capsules donated by Task Force "Sight & Life"

Not only the leading cause of blindness in children in the developing world, vitamin A deficiency contributes to child deaths from measles, diarrhea and pneumonia. Vitamin A capsules, nutrition education, promotion of home gardens, and diarrheal disease control are part of IEF's "child survival" programs targeting poor and vulnerable children at risk of blindness and death.

In Bolivia, IEF and its local partner, Centro de Promocion Agropecuaria Campesina (CEPAC), are reducing vitamin A deficiency and iron deficiency anemia in mothers and young children in Ichilo Province, Santa Cruz, population 62,000. In southern Malawi, IEF's new child survival program in Nsanje District will improve the health and living conditions of 45,000 women of childbearing age and 33,000 children under 5 years old in 450 villages.

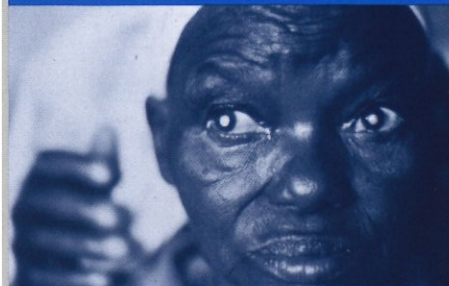


Photo credit: Victoria M. Sheffield

Elderly lady with mature cataracts, a common sight in rural Africa



Photo credit: Lions SightFirst

Madame Coste of the Lions SightFirst and Patrice Nkwelle (in suit and tie), IEF's Country representative, examine new motor-bikes for health workers to deliver Mectizan®.

SightReach® Management

More cataract patients are receiving surgery with an intra-ocular lens than ever before ...

With 17 million blind worldwide from unoperated cataract, we will never meet the demand for surgery with existing resources functioning as they do today. It's about redesigning the way eye hospitals are managed to maximize those resources so that more and more people can have their sight restored.

Eye care may be given free to the patient, but someone is covering the costs. In developing countries, it is governments and charities who pay. Funds are extremely limited, so only a small number of patients actually get that "free" care. Some patients can afford to pay and may have insurance, but there is no bill and no mechanism to pay. IEF is redesigning the way eye hospitals are managed and introduces creative income generation such as day surgery options, an optical shop and cafeteria. Government and charity funds can then subsidize an even greater number of poor patients who really need free care. Translation: more poor patients get cataract surgery.

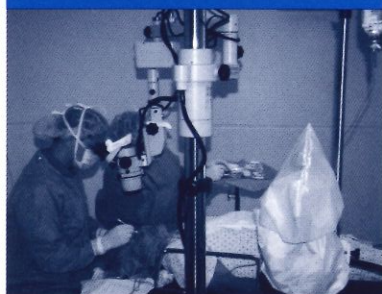
SightReach® Management is working with eye hospitals in Malawi, Tanzania, El Salvador, Egypt, and Guatemala. The key is to optimize existing human and technical resources. Results show an increase in cataract operations annually, improved quality of vision after surgery, improved efficiency of services, reduced costs, and most importantly, increased numbers of patients receiving free care.

Data from Egypt, Guatemala, and Malawi are on the following page. IEF also supports our collaborating institution, the Lions Aravind Institute for Community Ophthalmology (LAICO) in India. IEF sends teams from hospitals in the countries listed above to the LAICO Management Course where they also visit all departments. They see first-hand that it's possible to deliver quality, comprehensive eye care in a developing country where the majority of patients are treated free, and still be financially sustainable.



Photo credit: Aravind

Drs. Mariano Yee/Guatemala, Dr. Namperulamsamy and Dr. Venkataswamy/Aravind Eye Hospital, Dr. Nicolas Yee/Guatemala, Raheem Rahmathullah/IEF, and Mr. RD Thulasiraj/Aravind during the visit of the Guatemala team.

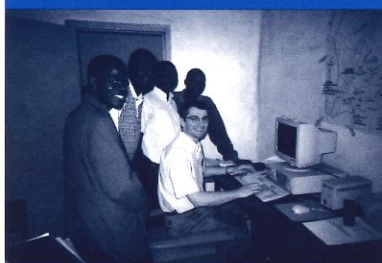


Dr. Mariano Yee restoring sight to a cataract patient at Visualiza in Guatemala City.

El-Maghraby Eye hospital, Cairo – this brand new hospital has a section for free and "low-pay" patients where efficiency and quality have made it possible for 65% of cataract patients to receive free surgery.

Visualiza, Guatemala City – a formerly private eye clinic treating only paying patients now provides subsidized treatment for the poor. Data shows that 67% of cataract surgery patients are poor and subsidized.

Lions SightFirst Eye Hospital, Lilongwe – at the government hospital in the capital of Malawi where formerly, all patients were treated free. Now, 90% of cataract surgery patients still receive free surgery.



IEF's Ed Henderson demonstrates new accounting software to IEF/Malawi staff.

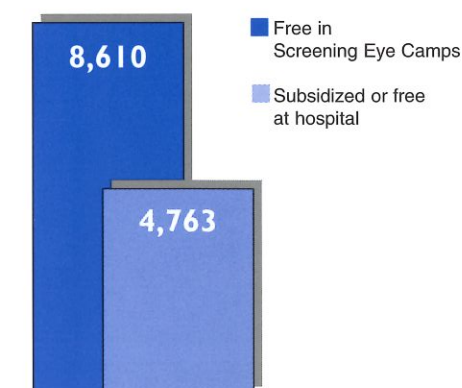
IEF's Raheem Rahmathullah notes that "in Malawi, the cost per patient for cataract surgery has been reduced from about \$125 to \$60. Also, nearly all patients, paying and free, receive an intra-ocular lens. This makes their visual rehabilitation excellent after surgery."

Photo credit: Raheem Rahmathullah

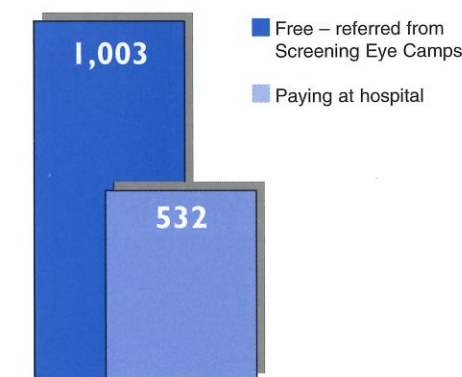
Photo credit: IEF Malawi

El Maghraby Eye Hospital Cairo, Egypt June 2001 to August 2002

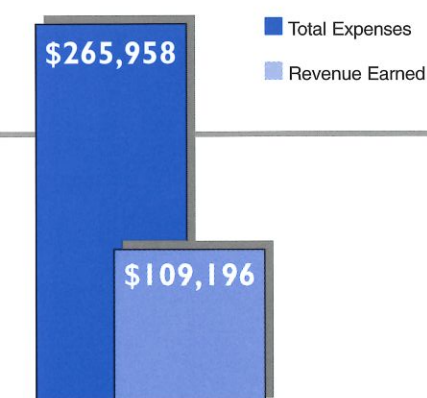
Patients Examined – 13,373



Cataract Surgeries – 1,590



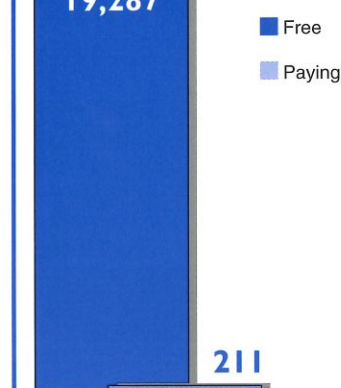
Percent of Costs Recovered – 41%



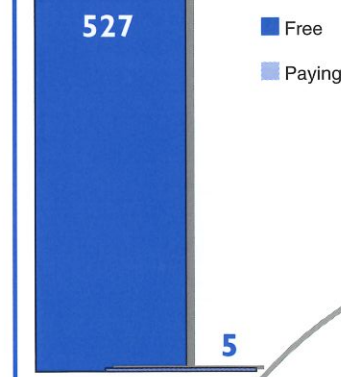
- Income shown is "self-earned."
- Capital costs not included in expenses.

Lions SightFirst Eye Hospital Lilongwe, Malawi October 2001 to September 2002

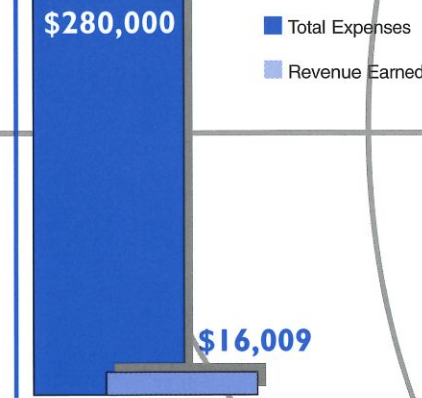
Patients Examined – 17,507



Cataract Surgeries – 532

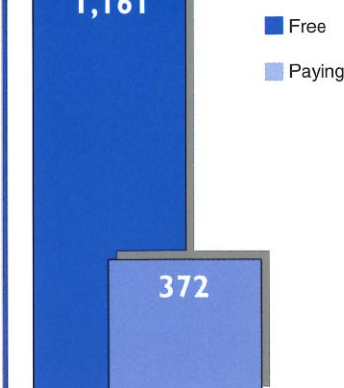


Percent of Costs recovered – 6%

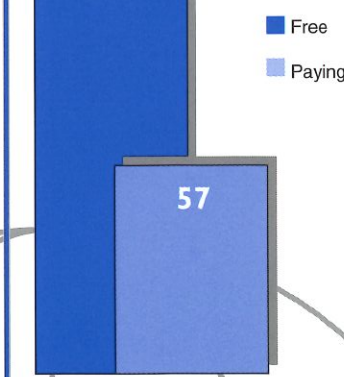


Visualiza Guatemala October 2001 to September 2002

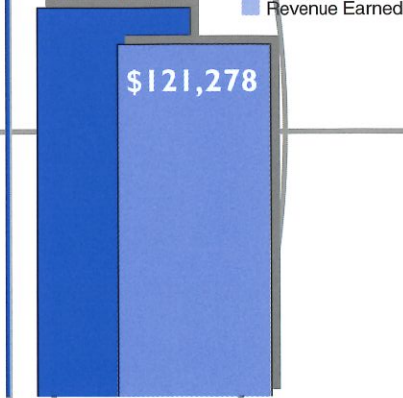
Patients Examined – 1,533



Cataract Surgeries – 172



Percent of Costs Recovered – 91%



- Income shown is "self-earned."
- Capital costs not included in expenses.

SightReach Surgical®

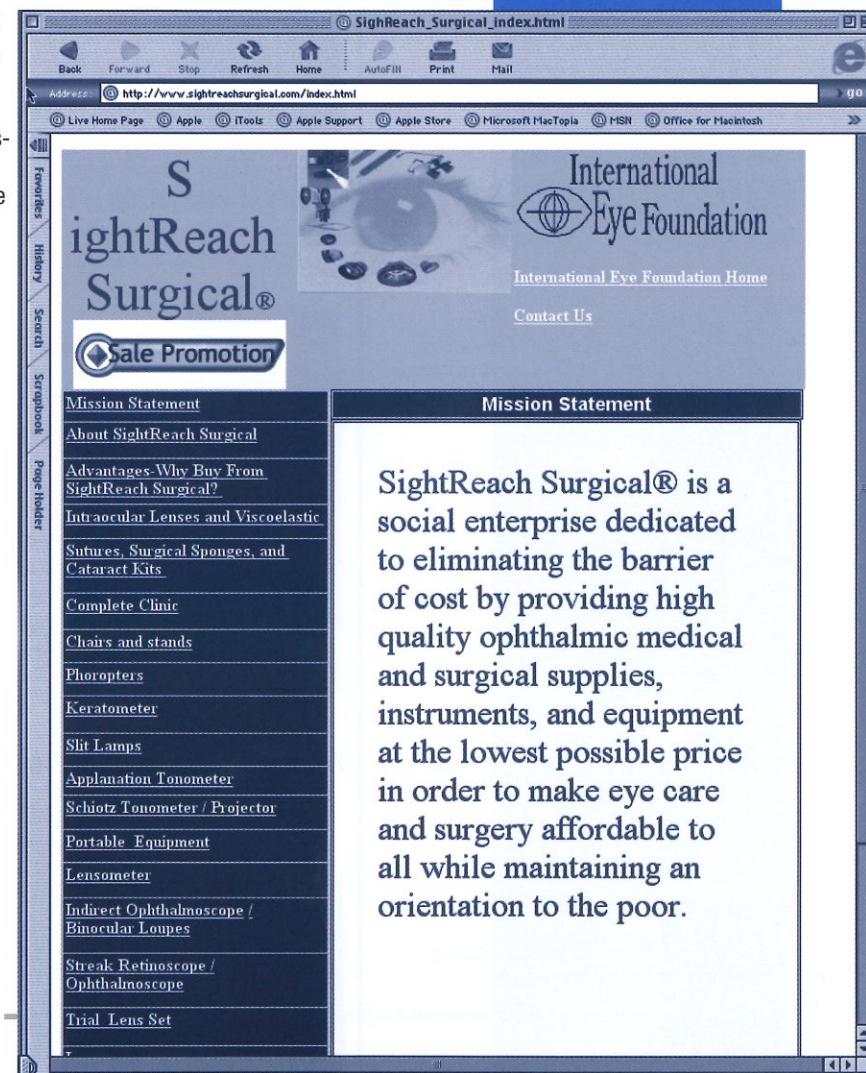
Reducing the cost of new, modern ophthalmic products means more cataract patients can get surgery ...

Modern cataract surgery requires a quality intra-ocular lens implant, suture, and visco-elastic fluid to help ensure a good result with normal vision after surgery. Needs cannot be met by donations alone. SightReach Surgical®, IEF's social enterprise, makes these three items available for under US \$25.00. In some places, a new "sutureless" technique brings down the cost by \$2 to \$4 depending on the type of suture.

SightReach Surgical's mission is to address the barrier of cost in developing countries. Quality ophthalmic supplies, surgical instruments, and equipment are available at reduced prices through a catalogue or on line at www.sightreachsurgical.com. Whether the doctor, the hospital, or a charity buys the supplies, the better the price, the more supplies can be purchased so more people have their sight restored.

Gifts-in-kind...

IEF's Gifts-In-Kind program is still very active accepting used but functional ophthalmic equipment to donate to hospitals that cannot yet afford to buy new equipment. IEF also accepts generous donations of eye medicines from corporate manufacturers such as Mectizan® for "river blindness" and vitamin A capsules.



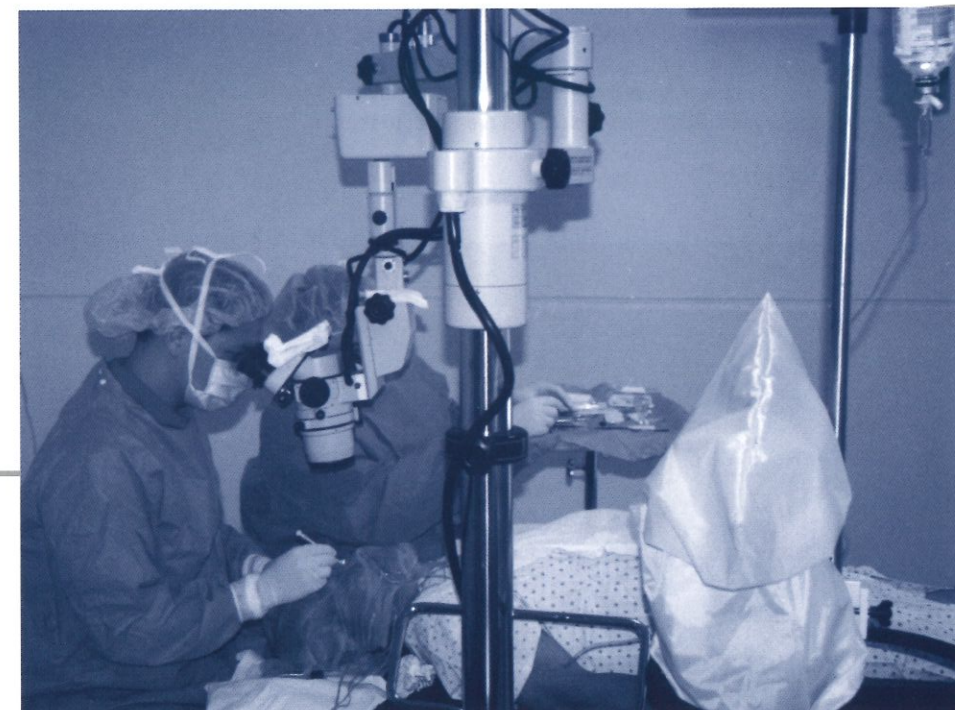
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“Drive for Sight” Golf Tournament

Golfers teed off in the Second Annual IEF ‘Drive for Sight’ Golf Tournament June 3, 2002 at the Bretton Woods Golf Course in Potomac, Maryland. Under the guidance of co-chairs Gigi Lantz and Chafica Kappaz, the event was a wonderful success, with the team led by IEF Board President Thomas H. Price, III winning top honors with low score. Sponsors gave prizes and a silent auction followed by a barbeque added to the fun of the afternoon.



IEF Board President Tom Price leads his tournament winning team onto the green.

Photo credit: Sarah Gray

35th Annual Eye Ball®

IEF celebrated the 35th Annual Eye Ball® on Thursday, October 11, 2001. The event was held at the magnificent St. Regis Hotel in Washington, DC. The IEF was deeply honored to have Ms. Frances Humphrey Howard serve as Honorary Patron. Ms. Georgianna Hallheimer provided leadership and guidance as Benefit Chair. A highlight was the presentation of the Fifth Annual “Promotion of Peace and Vision Awards,” honoring an Ophthalmologist and a Community member for their dedication and service to Dr. King’s vision of “...the promotion of peace through the prevention of blindness.” The 2001 Community Member Award was presented to Walter E. Beach, with the 2001 Ophthalmologist Award presented to Dr. Baxter McLendon of South Carolina.



Walter Beach, longtime Board member and former President, receives the 2001 “Community Member” Promotion of Peace and Vision Award.

Photo credit: Jo A.S. Carpenter



The late Francis Humphrey Howard, Honorary Patron of the 2001 Eye Ball® congratulates Dr. Baxter McLendon, for his 2001 “Ophthalmologist” Promotion of Peace and Vision Award

Photo credit: Jo A.S. Carpenter

Society of Eye Surgeons Breakfast — New Orleans

Ophthalmologist members and invited guests gathered for the annual meeting of the Society of Eye Surgeons at the Wyndham Riverfront Hotel in New Orleans to hear Professor Hugh Taylor share the Vision 2020 / Australia program. Professor Taylor spoke on “Eye Care for the Community.” For his lifetime achievements in saving sight, the American Academy of Ophthalmology (AAO) presented Prof. Taylor with their International Blindness Prevention Award for 2001 during the opening ceremony of their annual meeting taking place during the same week.



Prof. Hugh Taylor, Chairman of the Department of Ophthalmology, University of Melbourne, in Australia was the Honorary Chairman and keynote speaker at the 2001 Society of Eye Surgeons breakfast held in New Orleans in November.

Second Annual Ambassadors Wine Tasting

Wine lovers came together on a beautiful afternoon for the Second Annual Ambassadors Wine Tasting at the residence of the Cameroon Ambassador to “help people see.” The September 9, 2001 event was co-hosted by Ambassador from the Republic of Cameroon, Jerome Mendouga and Mrs. Mendouga, and Ambassador from the Republic of Malawi, Tony Kandiero and Mrs. Kandiero. Organized and sponsored by Rowland Bradley and Nancyfaye Autenzio, the event featured a selection of exquisite Bordeaux wines provided and presented by Steve Silver of Pearson’s Wine and Liquor, hors d’oeuvres, and fine company.



Photo credit: Provided by Rowland Bradley
At the house of Cameroon for the 2001 Wine Tasting with (L to R): Steve Silver, Ambassador Tony Kandiero (Malawi), Nancyfaye Autenzio, Rowland Bradley, Victoria M. Sheffield, Ambassador Jerome Mendouga (Cameroon), and Mrs. Mendouga.



IEF’s John Barrows, MPH, Director of Programs, receives a 2001 Human Rights Community Award from the United Nations Association/National Capital Area on Capitol Hill, December 10, 2001.

Photo credit: UNA/NCA

With Gratitude

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 taken up by 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, 2001 to June 30, 2002. 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 (*).

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Furthering Dr. King's vision, recognizing gifts to the IEF over \$10,000.

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Honoring the founder of the International Eye Foundation, recognizes gifts to the IEF from \$5,000 to \$9,999.

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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.

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Jo A.S. Carpenter

Paul Courtright, DPH

David Green, MPH

Georgianna Hallheimer

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Named in honor of founding Board member David P. Close, recognizes gifts to the IEF from \$1,000 to \$4,999.

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IMPACT**

Assuring help for people in need

Summarized Statement of Activity and Changes in Net Assets

International Eye Foundation

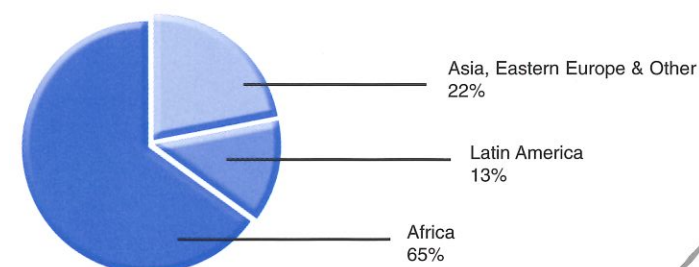
Public Support and Revenue

	Year Ended June 30, 2002	Year Ended June 30, 2001
Public Support – Received Directly (Contributions from Individuals, Corporations and Foundations)	3,121,661	5,489,054
Grants from Governmental Agencies	1,415,759	1,614,744
Other Revenue (Dues, Interest and Dividends, Net Unrealized and Realized Gains/(Losses) on Marketable Securities, Other Income)	(214,209)	6,233
Total Public Support and Revenue	4,359,211	7,110,031

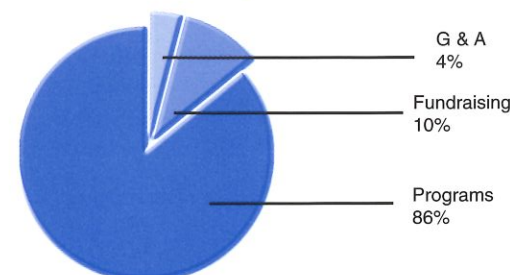
Expenses

Program Services	4,082,038	6,633,350
Management and General	179,097	157,300
Fund Raising	473,729	317,064
Total Expenses	4,734,864	7,107,714
Change in Net Assets	(375,653)	2,317
Net Assets, Beginning of Year	1,910,028	1,907,711
Net Assets, End of Year	1,534,375	1,910,028

2002 IEF Program Country Expenditures



2002 IEF Expenditures



Check out CharityNavigator.com for their complete review of the IEF.

The International Eye Foundation meets standards for management and charitable solicitations as established by CharityNavigator.com, InterAction, International Service Agencies, and regulatory and governmental agencies.

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
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Or you may contact:

Maryland Office of the Secretary of State
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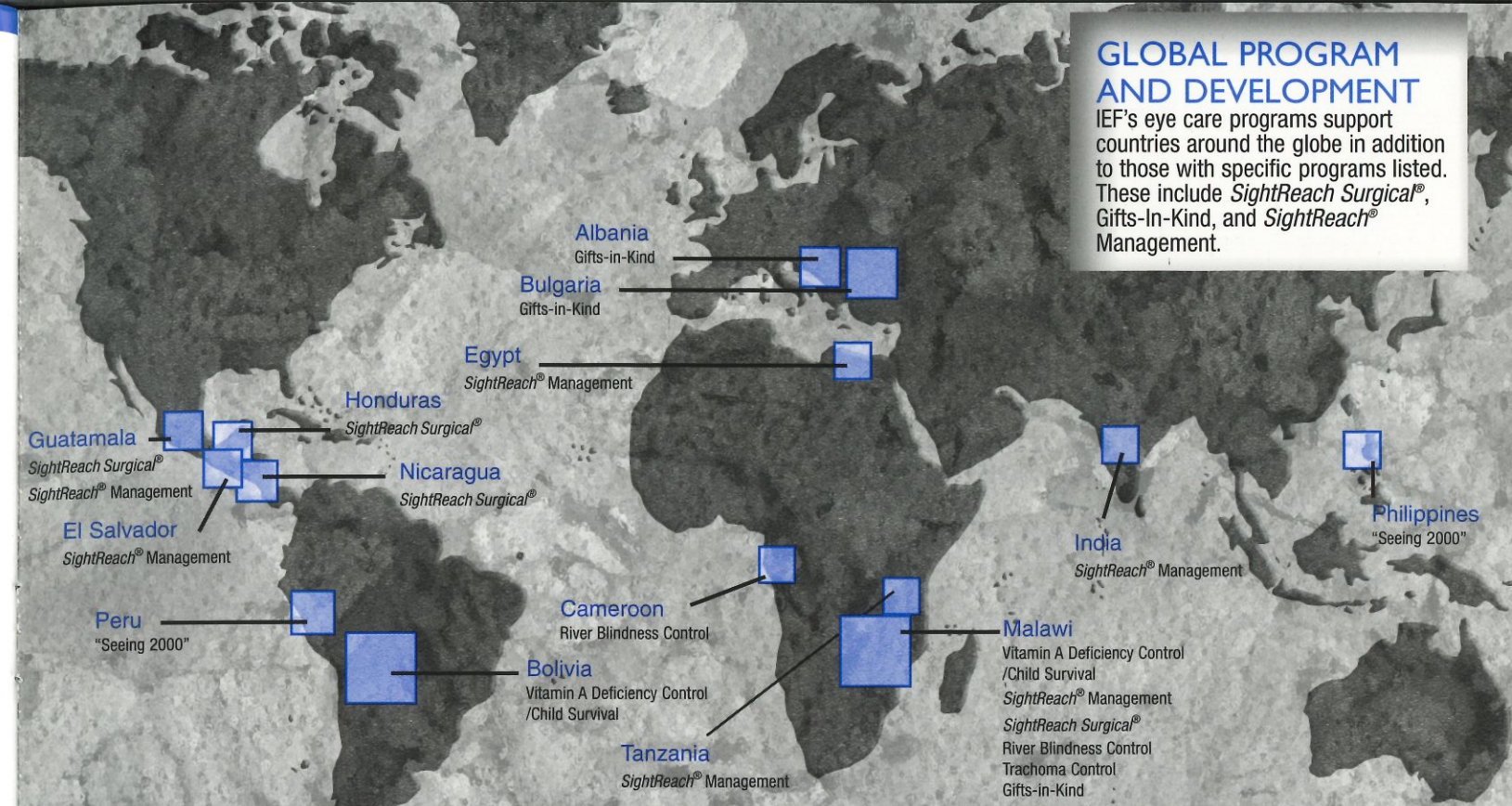
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