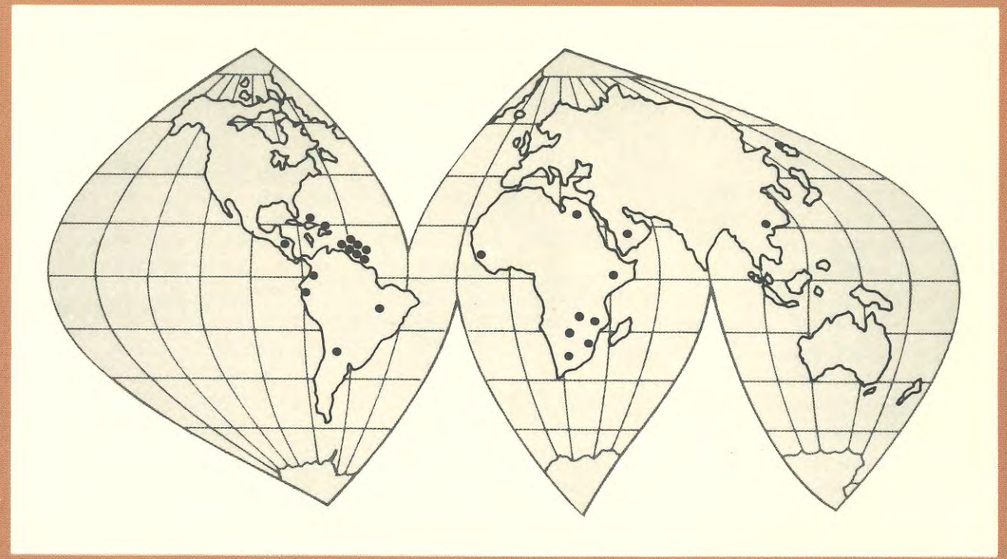

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INTERNATIONAL EYE FOUNDATION
7801 NORFOLK AVE., BETHESDA, MD 20814 (301) 986-1830

the International Eye Foundation

. . . Giving the Gift of Sight

If you restore the sight of one man,
you benefit one man.
If you teach one man how to restore sight,
you benefit many men.
And if you teach many men,
you benefit mankind.

Annual Report 1984–1985

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Message From the Executive Medical Director

Next year the International Eye Foundation will celebrate the twenty-fifth anniversary of its founding: 25 years devoted to the fight against preventable and curable blindness and eye disease. This may not seem like much when placed on a scale of time; in fact, 25 years is little more than a "drop in the bucket" in these terms. Yet, when we stop to think of the accomplishments of the past 24 years since the IEF was founded, they take on added significance.

When the IEF was started in 1961, many people probably thought our goals were quixotic, if not impossible. "The promotion of peace through the prevention and cure of blindness world-wide" is, on reflection, an ambitious goal. Superficially, at least, it may seem that progress has been limited; the world is certainly not a very peaceful place. One need only take a quick look at the newspapers every day to have that confirmed. On the other hand, the world is a smaller place today than it was 24 years ago. Hong Kong, the recipient of the IEF's first teaching program in 1961 is now only as far away as the telephone on my desk; Kenya, the site of the IEF's first major program in the prevention of blindness, is less than 24 hours away by air. Twenty four years ago most people never went beyond their figurative "back yards." Today, most people are from somewhere else and our view of the world is increasingly global in scope. This increased exposure to new and different places and people can't help but improve our understanding of the world and foster the "promotion of peace." It is a slow process, to be sure, but progress is being made.

What, you might ask, does this all have to do with the International Eye Foundation? Over the past twenty four years, the IEF has provided assistance to nearly 60 countries. This has involved direct "people to people" contact between our outstanding field personnel and the people of the countries assisted. One of our staff members once remarked that he sometimes wondered whether he might not be benefitting more from his work than those receiving his assistance. He went on to say that through his work his perceptions of the world had changed and expanded dramatically, giving him a new appreciation for foreign peoples and places. Surely, I think, this must also be true for the cataract patient in Africa whose first view after surgery is of the IEF surgeon who has given the precious gift of sight, and for the health worker who helps his or her people prevent the scourge of blindness after training by one of the IEF's dedicated professionals.

Over the years, millions have benefitted from the IEF's programs. Undoubtedly in the years to come, with the on-going support of the IEF's friends, millions more will benefit. Thus, progress toward our goal of "the promotion of peace through the prevention and cure of blindness world-wide" will continue. That progress would not be possible without your support, for which we, and those who benefit from the IEF's programs, are deeply grateful.

John Harry King Jr

John Harry King, Jr.
Founder and Executive Medical Director

Report from the President and Executive Director

The past year has been a busy one: a period of growth and development for the Foundation and our many programs. Specific details of our programs and activities will be presented elsewhere in this report; for now, I would like to present some of the highlights of the past year.

A good portion of the year was devoted to developing a major new initiative in Malawi. This program, which focuses on a variety of interventions designed to reduce blindness and at the same time, reduce childhood mortality in the country's Lower Shire Valley, will be launched this fall. To my mind, this project represents all the best aspects of the IEF's programs of assistance. It is a collaborative effort, based on the IEF's traditional program philosophy of "helping others to help themselves." Our primary partner in this initiative will be the Government of Malawi, which has committed both personnel and material resources; funding has been obtained from a combination of public and private sources; an excellent professional staff has been recruited; and our efforts will be enhanced by collaboration with a number of other private, voluntary agencies, including Helen Keller International, Johns Hopkins University, the Royal Commonwealth Society for the Blind, and the Rotary Club of Blantyre. Working together, I am confident that our goals can be reached in Malawi.

In another area, the IEF also started to examine the problem of onchocerciasis, or "river blindness," a major cause of blindness among people living along the Volta River Basin in West Africa. Discussions of the problem and possible IEF contributions to its solution have been initiated with the World Health Organization Onchocerciasis Control Program, Ministries of Health in several West African Nations, and a major pharmaceutical corporation which has developed a promising new drug for the control of this previously untreatable disease. It is hoped that these discussions will lead to the development of several new programs over the coming year.

In September, work was completed on a short documentary film about the IEF and its programs. In this effort, we were quite fortunate to have the assistance and narrative skills of Mr. John Charles Daly, the well-known television personality. Subsequently, Mr. Daly has been a welcome addition to our Board of Directors. The film is intended for use in our fund raising and public information efforts and has been highly praised by those who have had the opportunity to view it. This is the IEF's first use of film for this purpose.

Early in the year we began the process of applying for a renewal of our matching grant with the Agency for International Development. Under this grant, we have been able to match, dollar for dollar, donations for our programs in St. Lucia, Honduras, Puerto Rico, Kenya, Malawi, and Guinea. The new matching grant, only recently approved, presents a continuing challenge to our friends and supporters who, we hope, will help us "make" the match.

The capabilities of our headquarters staff to deal effectively with ongoing programs and the development of new ones has been greatly enhanced by the addition of Dr. Marilyn Mayers to our staff. Dr. Mayers, who joined the Foundation in April, now has primary responsibility for management of our programs in the Caribbean and Latin America.

Early in 1985, the IEF was admitted to formal relations with the World Health Organization. This is further recognition of the high quality of our programs, and will enable the Foundation to collaborate directly with the WHO in program development and implementation. This formal relationship lasts for a period of three years, after which it will be subject to renewal.

John R. Babson
President & Executive Director

IEF programs overseas focus on training and cooperation with indigenous organizations to develop eye care services. Here, (top, left) graduates of the IEF-assisted training program for ophthalmic medical assistants in Malawi; (top right) an African boy leads his blind father; and (lower right) Mr. Max Bruessow, former Chairman of the Rotary Club of Blantyre, Malawi, accepted the IEF's International Fight for Sight Award, presented to the club in recognition of their support for IEF programs in that south-central African nation.

If I had to think of three words to describe our work this year, they would be cooperation, collaboration, and innovation; these seem to be the most appropriate adjectives to describe our current and planned programs. The year ahead shows promise of continuing in the same vein, moving us closer to our objective of the elimination of preventable and curable blindness among the poorest of the poor.

John R. Babson

John R. Babson
President and Executive Director

Major Programs
Africa

Malawi

The IEF's existing program in Malawi continued under the direction of Dr. Larry Schwab. This program has focused on the provision of training for ophthalmic paramedicals and development of clinical and surgical services in the southern region of the country.

The IEF's involvement in the Southern Africa Sub-Regional Ophthalmic Training Program continued, though the emphasis of this involvement shifted from the provision of didactic training to a stronger role in the provision of practical clinical training. This year, participants were drawn from Malawi, Swaziland, Botswana, Lesotho, Zambia, Uganda, Sierra Leone, and Gambia. All of the participants rotated through the IEF-sponsored clinic at the Queen Elizabeth Central Hospital in Blantyre, and had the opportunity to work with Dr. Schwab in rural outreach programs. This experience represented the participants' first exposure to the realities of rural eye care and provided them with a sound basis for their future work in their home countries.

Early in the year, the preliminary results of the IEF-organized ocular and nutritional status survey in the Lower Shire Valley were presented by the International Center for Epidemiology and Preventive Ophthalmology of Johns Hopkins University. These results will serve as the basis for the IEF's major new program in the Lower Shire Valley which will be launched early in the fall of 1985. The survey was an outstanding example of inter-agency cooperation, with substantial inputs from Johns Hopkins University, Helen Keller International, and the Government of Malawi.

In May, 1985, Dr. Schwab presented the IEF's "International Fight For Sight" Award to the Rotary Club of Blantyre in honor of their unprecedented support of the IEF's training program in Malawi. The club has made grants in excess of $38,000 to the Malawi project, and their support has done much to ensure the success of our efforts.

Kenya

Under the IEF's program in Kenya, Dr. Teferra Tizazu, the project director, continued his efforts to reorganize and further develop the Ministry of Health's training program for Ophthalmic Clinical Officers. As part of his activities, Dr. Tizazu re-designed the curriculum for this training program, and assumed responsibility for the didactic portions of the training.

In addition, Dr. Tizazu continued the IEF's responsibility for the supervision of the Primary Eye Care and Blindness Prevention Education Unit of the Ministry of Health. Over the past year, this unit has provided training to over 2,000 health workers and primary school teachers.

The IEF's activities in Kenya have continued to benefit from the cooperation of the Kenya Society for the Blind, the Royal Commonwealth Society for the Blind, and Operation Eyesight Universal. In addition, Pfizer International and Pfizer (Kenya) Limited have done much to ensure our continued success in Kenya through substantial donations of much needed medicines.

Guinea

During the past year, substantial progress was made toward the completion of the National Ophthalmic Referral Center in Conakry. Under this cooperative project with the Guinean Ministry of Health, the IEF is providing the necessary refurbishing and equipment for a building pro-

IEF programs in Africa generally begin with a survey of the main causes of blindness and eye disease. The results of these surveys assist the IEF in developing appropriate programs of assistance.

vided by the Government of Guinea which will enable it to serve as the principal ophthalmic referral center in this impoverished nation. When completed later this year, the Center will have 25–30 inpatient beds, two surgical suites, and a large outpatient clinic.

Much of the credit for the successful completion of this clinic must go to Mr. Anton Vukoty, who has served as the IEF's consultant in the final phases of construction and outfitting of the building. Mr. Vukoty, who has several years' experience working in Guinea, substantially reduced his normal fees when it became clear that his services would be required for a much longer period than was initially anticipated.

In addition, the IEF program in Guinea continued to benefit from the assistance of the Halco (Mining) Company, Boke Trading Company, and the Compagnie des Bauxites de Guinée, a consortium of bauxite producers of which Halco is a member. Transportation of supplies and equipment, local housing and transportation, and technical support have been provided free of charge again this year by this group.

Egypt

During the year under review, the Khalifa District Survey of the distribution and causes of eye disease was successfully completed. The preliminary report on this survey, which was prepared by Mr. Dennis Ross-Degnan, the IEF's Research Director, revealed that, as expected, cataract was the main cause of blindness in the district. Of particular interest, however, was the finding that trachoma was much more widespread than had been earlier anticipated. The results of the survey have been turned over to the Egyptian Ministry of Health for use in the planning of eye health care services in urban areas.

Again this year, the IEF project provided in excess of one million dollars worth of supplies and equipment to the Ministry of Health for use in its ophthalmic programs. These supplies and equipment have done much to improve the quality and availability of eye care services in Khalifa District.

The education component of the project has been successfully completed, with over 600 health workers at various levels receiving training

in primary eye care and blindness prevention. This training consisted of instruction in the recognition and management of common eye problems, provision of information for participants on referral sources, and work in preventive ophthalmology as related to individual and community hygiene and public health practices.

Toward the end of the year, two additional surveys were also undertaken in cooperation with the Egyptian Nutrition Institute. These surveys, when completed, will provide additional information on the distribution and causes of blindness and on the nutritional status of urban Egyptians.

The IEF project in the Khalifa District, under the direction of Dr. Mamdouh Fakhri, the Director of the Khalifa General Hospital, has been widely praised by the Ministry of Health and U.S.A.I.D., and the Ministry plans to develop further programs using it as a model. As the current program moves toward its completion early this fall, the Ministry has requested further assistance from the IEF in development of these programs. In the year ahead, the IEF hopes to be able to respond positively to this request.

Latin America and the Caribbean

Honduras

During the past year, the IEF has continued to provide training support for the Ministry of Health's ophthalmic program. Much of this training was provided by Dr. Lawrence M. King, Jr., the IEF's Deputy Medical Director. Dr. King provided a series of lectures to ophthalmologists at San Felipe Hospital in Tegucigalpa, and, in cooperation with World Relief, provided training for a group of physicians working in the La Mosquitia region. In addition, further training under IEF auspices was provided by Dr. George Beauchamp, of Cleveland, Ohio, and Ms. Tamara Oberbeck, the former IEF Project Director in Honduras.

Late in the year, the Public Welfare Foundation announced the award of a grant to the International Eye Foundation to enable the IEF to provide a laser to the San Felipe Hospital. The provision of this laser promises to significantly advance the quality of eye care available in Honduras.

At present, a proposal to develop eye care services outside the major cities in Honduras is under consideration. The project's intent will be to develop an eye clinic in a government facility to serve both as a regional training center for nurses and physicians in primary eye care, and as a model to be replicated in other areas of Honduras and in other countries of Latin America.

Initially, a full-time IEF-sponsored ophthalmologist will be assigned to provide eye care. The IEF will also provide the medical and surgical equipment and supplies necessary to provide primary and secondary care at this clinic. To facilitate the development of a regional eye care system, district nurses and physicians will be trained in primary eye care and blindness prevention, along with appropriate management of common eye problems. Through this project, two Honduran physicians will be able to join an ophthalmic residency training program at the University of Puerto Rico. Upon their return to Honduras, these physicians will then continue their ophthalmic training at San Felipe Hospital in Tegucigalpa, and subsequently serve for two years at the IEF-sponsored Ministry of Health facility.

As in the past, the IEF activities in Honduras have benefitted substantially from support from the Public Welfare Foundation and the Charles T. Campbell Foundation.

Eastern Caribbean Ophthalmic Training Program

This program, based in Barbados, provides an eighteen month course for general physicians designed to lead to certification at the diploma level in ophthalmology. In addition, as part of the program, auxiliary health workers, primarily nurses, receive basic training in primary eye care and blindness prevention.

The first year of the physician training portion of the program is carried out at the Queen Elizabeth Hospital in Bridgetown, Barbados, under the direction of Miss A.M.S. Connell, FRCS, Senior Consultant Ophthalmologist to the Government of Barbados, and Associate Lecturer in Ophthalmology at the University of the West Indies. The primary emphasis during this first year is on didactic training and the development of basic clinical and surgical skills necessary for the practice of ophthalmology. After completion of this initial training, participants return to their home islands for an additional period of practical work under the supervision of an experienced ophthalmologist. Upon completion of their training, participants will be able to perform essential ophthalmic surgery such as removal of cataracts, correction of strabismus, and some glaucoma surgery, as well as recognize and treat a variety of common eye problems. More difficult cases are referred to the tertiary facility in Barbados.

To date, three physicians, from Saint Lucia, Grenada, and St. Vincent, have completed the initial year's training and returned home to continue their clinical and surgical training. It is expected that these physicians will sit for the University of London Diploma Exam in January, 1986. Subsequent trainees will be certified by the University of the West Indies, which has recently granted formal approval and recognition to the IEF-sponsored training course. Trainees from Dominica and Belize are scheduled to begin the course in July, 1985.

The training of auxiliary health workers under this project has been conducted by Ms. Tamara Oberbeck. Thus far, nurses from Grenada, St. Lucia, Dominica, St. Vincent, St. Kitts/Nevis, and Montserrat have received this valuable training.

Substantial support for this major training project has been received from the Royal Commonwealth Society for the Blind, Operation Eyesight Universal, the Caribbean Council for the Blind, the International Agency for the Prevention of Blindness, and the Pan-American Health Organization.

Grenada

The IEF's project for the development and expansion of eye health services on Grenada became fully operational in January, 1985, when Dr. May Khadem assumed her responsibilities as Project Director, based at the Eye Clinic of St. Georges Hospital. This program, developed in cooperation with the Ministry of Health of Grenada, combines training of local health workers with the provision of clinical services by Dr. Khadem.

One of the central aspects of this project has been the provision of training in ophthalmology to a Grenadian physician. Dr. Elliott McGuire completed his initial training in Barbados in June, 1985. Over the next year, he will work in the eye clinic with Dr. Khadem, gaining essential

clinical and surgical experience. In the future, he will assume complete responsibility for the operations of the eye clinic.

Much of Dr. Khadem's effort since her arrival on the island has been directed toward upgrading the skills of nurses working both in the hospital and in outlying health centers. She has also given a special course of instruction in primary eye care and blindness prevention for students at Grenada's School of Nursing. In addition, Dr. Khadem is providing training at an appropriate level for District Medical Officers in primary eye care and blindness prevention and has developed a screening program for school children on the island.

One major factor in the success of this project to date has been the support of the Royal Commonwealth Society for the Blind and the Grenada Society of Friends of the Blind. In addition, Mrs. Stella Neckles, who until June headed Grenada's Workshop for the Blind, has provided invaluable administrative assistance to Dr. Khadem.

Puerto Rico

The primary emphasis of the IEF's program in Puerto Rico, as in the past, is the provision of training for health care professionals, both doctors and nurses, in order to provide suitably trained personnel for the Spanish-speaking countries of Latin America and the Caribbean. The IEF-supported training program under the auspices of the University of Puerto Rico and coordinated by Dr. William Townsend and Dr. Manuel Miranda, is unique in providing a complete course in basic ophthalmic science, blindness prevention, and national eye care/blindness prevention program development in Spanish.

Since IEF support of this program began in 1968, over 500 Latin American physicians have been trained and are now providing a variety of services in their home countries. Currently the IEF is supporting participants from Brazil, Bolivia, Colombia, Ecuador, El Salvador, Guatemala, Paraguay, the Dominican Republic, and Uruguay.

The support of this program by the IEF is made possible through grants from the William M. and Ramona N. Carrigan Family Endowment for Blindness Prevention in the Americas and Chibret International, a division of Merck and Co.

Dominican Republic

The IEF has now completed a major training project which began in 1982. Under this program, physicians, nurses, auxiliary nurses, and health promoters have received training in primary eye care and blindness prevention appropriate to their level of professional training. This year, two Dominican physicians received IEF Fellowships under this grant to study Glaucoma and Pediatric Ophthalmology, respectively. In addition, two physicians participated in the Basic Science in Ophthalmology course at the University of Puerto Rico.

It had been hoped that a follow-on phase to the IEF's initial project could be organized to provide further assistance in the development of the Ministry of Health's ophthalmic program. This plan has not yet been brought to fruition due to a variety of factors affecting the Ministry of Health. Presently, the IEF is seeking an implementing partner for its proposal among indigenous private agencies. Once such an agency has been identified, the IEF will move forward in its attempts to seek sources of funding support.

Under the direction of Sra. Milagros Colon de Lopez, the first phase

Sra. Milagros Colon de Lopez, IEF Project Director in the Dominican Republic (left) discusses the anatomy of the eye with two rural health workers. In her two and a half years in the Dominican Republic, Sra. Colon provided similar instruction to nearly 4,000 health workers at various levels.

of the IEF's program in the Dominican Republic has provided training to nearly 3,000 health workers at various levels, and has provided much needed supplies and equipment to assist the Ministry of Health's efforts to upgrade existing facilities. Sra. Colon, who is now serving with the IEF as a consultant for the Dominican Republic, succeeded in identifying two Ministry of Health nurses who are now continuing the training which she initiated in the rural areas of the country. Thanks largely to Sra. Colon's dedicated work, the training activities initiated under the project will be continued, ensuring a lasting positive impact on the development of eye care services in the country.

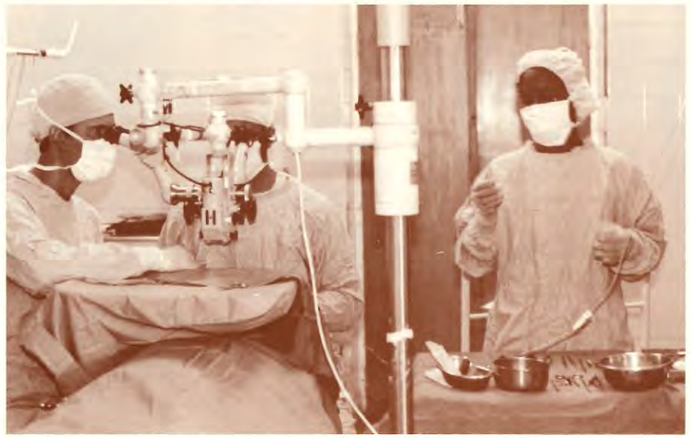
Saint Lucia

The IEF's program in Saint Lucia has continued as a collaborative effort between the IEF and the Massachusetts Eye and Ear Infirmary (MEEI). In mid-1984, Dr. Harry Pappas assumed responsibility for the direction of this project from Dr. Ben Baker, who returned to the U.S. During the year under review, several residents from MEEI spent six-week rotations at Victoria Hospital in Castries under Dr. Pappas' supervision.

The Saint Lucian physician who had been trained in ophthalmology in the IEF's program in Barbados, Dr. Emsco Remy, was selected early this year by his government to receive further ophthalmic training in Israel. This will do much to improve the quality and availability of eye care services on the island once Dr. Remy returns to Saint Lucia early next year.

During Dr. Pappas' tenure as Project Director, the scope of activities at the Victoria Hospital Eye Clinic was greatly expanded. Ms. Jackie Pappas, a Certified Orthoptist, organized several muscle clinics, which she ran on a volunteer basis. This marked the first time a clinic of this nature had been available on the island.

In June, Dr. Pappas was replaced as Project Director by Dr. Roy Wilson. Dr. Wilson, like Dr. Pappas, is a glaucoma specialist, and will be involved in clinical and epidemiological research as part of a planned project which will be undertaken over the course of the next year by the IEF in collaboration with the Department of Ophthalmology of Howard University. This project will provide valuable information on the prevalence and etiology of glaucoma on the island and it is hoped that it will serve as a model for similar research on other islands in the Caribbean.



Dr. Harry Pappas, IEF Project Director in Saint Lucia (left) provided surgical instruction to a Saint Lucian Ophthalmologist-in-Training and to Residents from Massachusetts Eye and Ear Infirmary during his one-year tenure in that Caribbean nation.

Saint Kitts/Nevis

Early in 1985 a request was received by the IEF to assume responsibility for the provision of ophthalmic services and training in St. Kitts/Nevis. Existing services, already fairly well developed, had been initiated by Drs. Alan Aker and Leo Kellerman, both of Long Island, New York, who made the request to the IEF on behalf of the Ministry of Health. These two ophthalmologists had established two fully equipped out-patient clinics, one at Basseterre, St. Kitts, and the other on the neighboring island of Nevis, and in addition had also donated equipment necessary for the establishment of a full ophthalmic in-patient capability at the main hospital in Basseterre. The clinics established in St. Kitts/Nevis currently provide treatment to between 500 and 600 patients per month.

In June, the IEF made a commitment to the Ministry of Health of St. Kitts/Nevis to provide extensive assistance in the further development of the eye health care system for the two islands. As the year under review drew to a close, efforts were being focused on recruiting a full-time ophthalmologist to serve for a period of approximately two years. It is hoped that in that time a local physician can be identified to undergo training in ophthalmology in Barbados.

Looking Ahead

While the past year has been a busy one for the IEF, the year to come promises to be even busier, with many new programs presently in the planning stages. Among the areas in which the IEF plans an involvement in the year to come are:

Onchocerciasis

This blinding condition is caused by parasites which invade the vital organs, including the eyes, leading to blindness and eventual death. It is spread by the simulium fly and is found in populations living along rivers (thus, its common name, "river blindness"). In Africa, the main focus of the disease is along the Volta River in the western part of the continent. Preliminary work with the World Health Organization (WHO) and other agencies interested in this devastating disease has been undertaken to initiate a program to prevent the blindness it causes.

In the past, onchocerciasis has been untreatable; medications which stop the internal spread of the parasites have also been highly toxic to those taking them. Recently, however, there have been exciting advances in the development of a medication which can eliminate the parasite's larva without harming the infected individual.

The IEF plans to work with WHO and other agencies in the development of programs which would combine general blindness prevention activities with distribution of this new medication. Meetings with the Ministries of Health of Burkina Faso and Niger are planned in the new fiscal year to develop programs in these two countries.

Nutritional Blindness

This condition, caused by vitamin A deficiency, is a major problem in many parts of the world, particularly in the famine-struck countries of Africa. The IEF project in the Lower Shire Valley of Malawi, described elsewhere in this report, will address this problem, and the Foundation hopes to develop similar programs in other affected countries over the next year. Targetted countries include Mali, Burkina Faso, Niger, and other countries of the so-called "Sahel-belt."

Water Development

The availability of clean water is a significant factor in eye health. In most, if not all, of the countries where the IEF operates programs, unavailablility of water is a major problem. With appropriate assistance, this problem can, in many cases, be solved. During the coming year, the IEF plans to provide assistance toward the alleviation of this problem in the Lower Shire Valley of Malawi, in conjunction with the Foundation's other programs there. The IEF water program will center on the development of boreholes in the Valley using a newly introduced, simply operated drilling rig. As the year begins, negotiations are under way with a major corporate sponsor and UNICEF for support of this proposed program.

Research

During the year to come, the IEF plans a major increase in its research activities. In the Caribbean, glaucoma will be the object of a collaborative effort undertaken with Howard University. This program will begin in St. Lucia and will eventually cover several islands in the eastern Caribbean. In Malawi, further studies on nutritional blindness are planned.

Society of Eye Surgeons

Development of Ophthalmic Services

Under a new initiative partially supported by the Carrigan Endowment, the IEF will begin new programs in Honduras and Ecuador with the objective of expanding the availability of eye health care services in previously unserved rural areas. This program, using local personnel, will also have a major training component, maintaining the IEF's basic philosophy of "helping others to help themselves."

The Society of Eye Surgeons is a professional society made up of ophthalmologists who support the aims and objectives of the International Eye Foundation. Presently, there are over 1,000 members from 62 different countries. The Society has as its purpose the promotion of the science of ophthalmic surgery among all peoples and nations through fellowships, sponsorship of teaching teams and visiting professors, and support of the IEF's programs. Members frequently volunteer their time to work for short periods in IEF projects.

This year, the Society underwent a major re-organization in response to suggestions from members that there should be different categories of membership which would reflect the individual members' degree of involvement and incorporate for the first time, a category for residents in ophthalmology. The new categories of membership are: 1) Supporting Fellow; 2) Surgical/Teaching Fellow; 3) International Fellow; and 4) Resident Fellow.

In November, the Society held its Annual Luncheon Meeting at the Omni International Hotel, Atlanta, in conjunction with the annual meeting of the American Academy of Ophthalmology. Members were briefed on the status of IEF programs around the world and heard presentations on several specific programs.

Next May, the Society of Eye Surgeons will convene its Sixth International Congress in Rome. This important meeting will be held following the XXV International Congress of Ophthalmology. The meeting will be geared to general ophthalmology, with particular emphasis on the prevention and treatment of blindness in the developing world. One highlight of the two-day meeting will be the presentation of the Vail Medal, which is presented by the Society to an ophthalmologist who has made original and continued contributions advancing the science of eye surgery worldwide.

Members of the Consultant Board of the Society of Eye Surgeons

L. P. Agarwal, India
M. Aouchiche, Algeria
Juan Arentsen-Sauer, Chile
Joaquin Barraquer, Spain
Rubens Belfort-Mattos, Brazil
Torstein Bertelsen, Norway
Jørn Boberg-Ans, Denmark
Benjamin F. Boyd, Republic of Panama
Francisco Contreras C., Peru
Rafael Cordero-Moreno, Venezuela
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Werther Duque-Estrada, Brazil
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Tadeusz Krwawicz, Poland
R. C. K. Loh, Singapore
Keith Lyle, England
Hennie Meyer, Republic of South Africa
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Michel Mathieu, Canada
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C. O. Quarcoopome, Ghana
Magda Radnot, Hungary
Mohammad H. Rizvi, Pakistan
Alvaro Rodriguez, Colombia
Raul Rodriguez Barrios, Uruguay
Samir S. Saleeby, Lebanon
Isak Salim, Indonesia
Luis Sanchez-Bulnes, Mexico
Harold G. Scheie, U.S.A.
A. M. Soliman, Egypt
Gunter von Noorden, U.S.A.
E. V. Waddy Pockley, Australia
J. A. C. Wadsworth, U.S.A.
L. E. Werner, Ireland
Randolph Whitfield, Jr., Kenya
R. Witmer, Switzerland

Members of the Society of Eye Surgeons frequently work in IEF programs overseas. Here, Dr. May Khadem (left), IEF Project Director and SES member, examines a patient at St. Georges Hospital, St. Georges, Grenada.

Financial Summary

Detailed financial information abstracted from the report of the IEF auditors can be found on the following page. Once again this year we can take pride in the fact that our direct expenditures on program services constitute in excess of 96 percent of total Foundation expenses. To place this in perspective, the IEF has consistently made less than five percent of total expenditures on fund raising and support services; the National Charities Information Bureau considers up to 25 percent a reasonable figure for these expenditures. The IEF's record in this regard is matched by few, if any, private charitable agencies.

During the year under review, total revenues increased by 7.1 percent, continuing the steady growth that has marked recent years. Grants from the U.S. Agency for International Development for specific projects increased by 12.2 percent, again reflecting steady growth. The Foundation's Endowment Fund grew by a record 93.4 percent, thanks in large part to the continuing generosity of Mr. and Mrs. William M. Carrigan. However, it should be kept in mind that requests for assistance received by the Foundation also increase dramatically each year: at any one time the IEF may have a dozen or more such requests to which it cannot respond positively due to financial constraints. The need is immense, and the IEF's ability to respond is dependent on the generosity of our friends and supporters.

Donations to the IEF, which are income-tax deductible, can be made in a variety of ways, including unrestricted contributions, donations to support specific projects or activities, or bequests in wills. In many cases, donations to the IEF can be matched by employer matching gifts programs, thus doubling, or in some cases, tripling, their impact.

International Eye Foundation, Inc.

Direct Expenditures on Program Services for the Prevention and Cure of Blindness Constitute Over 96 Percent of Total IEF Expenditures

PROGRAM SERVICES*
1983-84 ..... 96.21%
1984-85 ..... 96.00%

SUPPORTING SERVICES
1983-84 ..... 1.55%
1984-85 ..... 1.80%

FUND RAISING
1983-84 ..... 2.24%
1984-85 ..... 2.20%

*Includes donations of medical and surgical supplies and equipment.

Summary Statement of Revenue and Expenses—1984–1985

	Year Ended 30 June 1984	1985
Public Support[1]		
Contributions	459,336	462,236
Fund Raising Events	[2]	30,336
Combined Federal Campaign	158,175	103,226[3]
TOTAL PUBLIC SUPPORT	617,511	595,798
Other Revenue		
Government Grants	891,772	1,000,655
Dues	10,445	9,322
Rental Income	6,868	7,492
Interest and Dividends	12,902	30,822
Miscellaneous	1,524	5,993
TOTAL OTHER REVENUE	923,511	1,054,284
TOTAL REVENUE	1,541,022	1,650,082
Expenditures		
Program Services	1,287,783	1,380,551
Support Services	42,373	79,613
Fund Raising	61,346	95,111
TOTAL EXPENDITURES	1,391,502	1,555,275
RETAINED REVENUE	149,520	94,807

Financial Position—1984–1985

	Year Ended 30 June 1984	1985
Fixed Assets		
Furniture and Equipment	21,708	27,058
Real Estate	120,000	120,000
Mortgage Notes Receivable	200,398	181,533
Total Fixed Assets	342,106	328,591
Current Assets		
Cash and Investments	630,038	833,820
Receivables and Prepaids	78,769	48,165
Total Current Assets	708,807	881,985
Current Liabilities		
Accounts Payable & Accrued Expenditures	139,061	203,917
Total Current Liabilities	139,061	203,917
Current Fund Balance		
Unrestricted	463,624	473,022
Restricted	106,122	205,066
NET CURRENT FUND BALANCE[4]	569,746	678,068

[1]Gifts-in-kind, consisting entirely of drugs & medical supplies are not included here.

[2]The "Eye Ball," the IEF's annual fund raising event was postponed, and was, therefore, not held during this fiscal year.

[3]The allocation for the final quarter of FY 85 for the CFC was not received during FY '85. This allocation amounted to $51,135, which would have brought revenues from the CFC for FY '85 to $154,361 & total public support to $646,933.

[4]Total Current Assets less Total Current Liabilities.

International Eye Foundation, Inc.

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SAINT LUCIA

Victoria Hospital Eye Clinic, Castries, SAINT LUCIA
Roy Wilson, M.D., *Project Director*

Collaborating Institutions and Agencies

World Health Organization • Massachusetts Eye and Ear Infirmary/Harvard University
Royal Commonwealth Society for the Blind • Operation Eyesight Universal • Helen Keller International
Kenya Society for the Blind • Christoffel Blindenmission
International Agency for the Prevention of Blindness • U.S. Agency for International Development
Johns Hopkins University/Wilmer Institute, International Center for Epidemiology and Preventive Ophthalmology
Howard University • University of Puerto Rico • University of the West Indies
University of London/Institute of Ophthalmology • Caribbean Council for the Blind