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Rotary International 2002-2003

Avoidable Blindness

"Next to life itself, God's most precious gift is sight - Protect it, Save it, Restore it." **Task Force**

Rotary Foundation Fund Established for Avoidable Blindness

A Group Donor Advised Fund (DAF) for Avoidable Blindness has been created with The Rotary Foundation. This fund was established by an initial contribution of \$20,000 from Avoidable Blindness Task Force Chairman, PRIP Frank Devlyn.

How will Donations be Used?

Amounts donated to this fund will be used to support Avoidable Blindness projects around the world. Christian Blind Mission International (CBMI) has committed to match funds donated by the AB DAF for cataract surgery. Accordingly, a \$300 donation to the AB Donor Advised Fund will be matched, resulting in \$600 to sponsor 20 cataract operations. Thus, for every thirty dollars contributed, sight can be restored to an individual. Imagine, the satisfaction in knowing that the donor who contributed \$300 provided the gift of sight to 20 individuals!

Who can Contribute?

Contributions can be received from individuals or organizations. Many Rotarians have demonstrated an interest in Avoidable Blindness and would like to participate. Those individuals can make direct contributions to the Avoidable blindness DAF. (No Paul Harris credit is given—just sight.) Non-Rotarians likewise can contribute. Additionally, Rotary clubs can contribute. Clubs looking to support an international humanitarian

cause can make a contribution and request that the funds be spent outside of their own country thereby participating in the International Service Avenue. We also accept contributions from other organizations such as corporations and foundations. The bottom line is anyone can contribute and provide the gift of sight.

How can Contributions be made?

A simple form is available to be completed and submitted with a check payable to *The Rotary Foundation Donor Advised Fund*. To obtain this form, contact Steve Brown through his e-mail addresses provided below or visit the Avoidable Blindness Website at:

http://www.rotarytaskforces.org/avoidable_blindness/download.htm

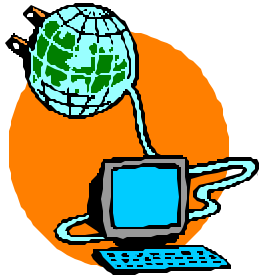
Contributions made via check should be payable to *The Rotary Foundation Donor Advised Fund* and sent with the completed form to:

Avoidable Blindness Task Force Vice Chair
Steve Brown
14918 Rancho Nuevo
Del Mar, CA 92014

All contributions are irrevocable and tax deductible to U.S. taxpayers to the fullest extent provided by U.s. law. Cash contributions must be in U.S. dollars and



**DOWNLOAD THE DAF
CONTRIBUTION FORM**



*Simply go to the task
force website and
access the 'Download
Area' to obtain the form
in PDF or Word format!*

**FROM JUNE 2002
ZONE 10 REPORT**

*In the eye operations
project of RI District 9110
in Nigeria, 240 patients
were successfully operated
upon. Use was made of the
intra-ocular lenses donated
to the district by RID 3080
India in 2000-2001. Clubs
in the district provided
funds for the care of the
patients. By this singular
activity, the district has
demonstrated that
'Mankind is indeed our
Business.'*

Rotary Foundation Fund (*continued*)

delivered by check. We also accept gifts of stock, mutual funds, bonds or wire cash. Do not send contributions for the DAF to an International Office or other fiscal agents of Rotary.

How can I learn more about the Avoidable Blindness Donor Advised Fund?

Steve Brown, Avoidable Blindness Task Force Vice Chairman, will have the

primary Task Force responsibilities regarding the administration of this fund and will be assisted by Task Force Members Frank Devlyn, Herbert Brown and Doyle Dannenberg. Steve can best be reached through e-mail at:

StephenRBrown@worldnet.att.net or by telephone at (619) 699-2449 or at the above address.

Inauguration for Rotary Regency Gift of Sight Coordination and Processing Centre

With all the efforts put in by IFETB, VEI, our district Rotarians and our club members, the inauguration of Rotary Regency Gift of Sight Coordination and Processing Centre and the esminar on eye banking was a great success. It was attended by Rotarians from many clubs of our district and helped in creating general public awareness. The inauguration was prominently featured by many leading newspapers in Delhi.

Future Plans: I am pleased to inform you that our District Governor Bobby Bhai is giving special emphasis on eye donation related projects this year. Our club has promised to organize an intercity seminar on eye donation programmes and setting up eye donation centres which

will serve as the vital link between the donors and the RRGSCPC. Even during this years' installation function of our club, we had undertaken a project to promote eye donations. Aslo, Ms. Tanuja Joshi gave an address on eye banking in a Rotaract seminar last week.

I shall soon update you with the status of the use of the matching grant funds.

Regards and best wishes,

VISHAL JYOTI JAIN

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Guest Ophthalmologists Learn from US Visits

Dear Fellow Task Force Member:

Many of you are aware of a partnership between the Foundation of the American Academy of Ophthalmology and Rotary Clubs representing various areas of the U.S. in a special program for ophthalmologists selected from the developing world. They are brought to the U.S. for two weeks to share in a professional, educational, cultural and social experience within a local community, similar to Rotary's successful Group Study Exchange program. The guests then attend the Annual Meeting of the American Academy of Ophthalmol-

ogy. During the meeting, guest ophthalmologists are provided with a wealth of educational opportunities, as well as the occasion to develop relationships with colleagues and representatives of ophthalmic industry and to make contacts with other eye care organizations. Upon return home, the guest ophthalmologists share what they have learned with colleagues. Through this experience, individual doctors are able to improve their skills and knowledge and to establish relationships that benefit their patients and allow them to train others.

Through this program, guest ophthalmol-

**UPDATE FROM KEN
TUCK ON
PARTICIPATING
COUNTRIES**

“Again this year, through a partnership with Rotary Clubs and the Foundation of the American Academy of Ophthalmology, we are sponsoring a total of 10 ophthalmologists from the developing world. We are extending invitations to representatives from Ghana, India, Afghanistan, Nigeria, Sierra Leone, Indonesia, Lithuania, and Fiji. Other possibilities include additional candidates from India, Ukraine, Paraguay, and Honduras.”



Guest Ophthalmologists (*continued*)

mologists learn how ophthalmology is practiced in the U.S. by visiting ophthalmology practices in medical centers, observing surgery in hospital operating rooms and engaging in discussions with their U.S. colleagues. They learn how ophthalmology is taught in the U.S.: for example, by visiting a university department of ophthalmology. Because the guests are housed in the homes of members of local Rotary Clubs, they learn about life in U.S. communities and develop meaningful Rotary relationships.

The ophthalmologists who are chosen to participate in this program are unusually gifted and committed profession-

als. I wish to take this opportunity to share with you the caliber of an individual that we select to participate in this program. [Below is] a copy of an article which appeared on the front page of Ocular Surgery News which I think you will find interesting. He will be sponsored by a Rotary Club in Roanoke, Virginia and be a guest at our Annual Meeting in the program that I have described above. After you have read this article, it would be a pleasure to hear from you to share any of your ideas with me.

KEN TUCK, M.D.

From Ocular Surgery News 7/1/02

An eye surgeon battles blindness and ignorance in Afghanistan

By Ethan Prochnik

MAZAR-I-SHARIF, Afghanistan — The Mazar Ophthalmic Center is located on a dusty, unmarked street behind high adobe walls in the northern Afghan city of Mazar-i-Sharif. Setting the center apart from every other health care facility and relief agency in the city is the absence of armed guards flanking the entrance. Instead, there is a sign bearing a silhouette of a Kalashnikov automatic rifle with a red “X” painted through it.

I came across the Mazar Ophthalmic Center in late March 2002, while shooting footage for a documentary on Afghanistan after the fall of the Taliban. By this time the U.S. bombing campaign was winding down and the defeat of Al Qaeda and Taliban forces was largely complete, but the task of transforming Afghanistan into the peaceful democracy envisioned by President Bush was in its infancy.

Toyota land cruisers bristling with soldiers toting Kalashnikovs, rocket launchers and heavy caliber machine guns were as omnipresent in Mazar as yellow cabs in Times Square. Reports of the looting of relief agencies and hospitals were commonplace. On the day I spotted the clinic’s “No Kalashnikov” sign I took pause. In the militaristic climate of post-Taliban Mazar, the sign was

a statement of both political and personal bravery.

The center’s wizened gatekeeper assumed I was a visiting eye surgeon and hustled me inside the compound to meet the clinic’s director and founder, 41-year-old A. Zia Aamoon, MD. Laughing, Dr. Zia apologized for the misunderstanding and invited me to tour the facility.

The center consists of three modest cinderblock buildings (housing a pharmacy, a diagnostic area and an operating/postop recovery center) that form a horseshoe around a courtyard of flowers and almond trees. In the courtyard, turbaned men and burkha-clad women cooled themselves in the shade and patiently waited for their number to be called to go into the examining area.

Dr. Zia introduced me to his pharmacist, a woman, and I was again taken aback. She was unveiled and dressed in western clothes. After weeks of seeing only men’s faces, the sight of an Afghan woman’s face was startling. Over the next week, I returned to the center several times, filming surgeries, accompanying the surgeons on their postop rounds and conducting long interviews with Dr. Zia. I was curious to learn how Dr. Zia was able to carve out this oasis of health, modernity and peace in a nation wracked by poverty, lawlessness and war. Following are excerpts from our conversations:

Ocular Surgery News: When did this center open?

Dr. Zia: We opened in 1994, 4 years before the Taliban came to power in Mazar. I was given a grant to start the center by the Christoffel Blindenmission, a German non-governmental organization. There was no eye care facility in all of northern Afghanistan at the time and, to this day, we remain the only eye care facility in the North. Since we have opened we have provided eye care to more than 134,000 patients.

OSN: How big is your facility?

Dr. Zia: We have 35 beds and a staff of 14, including four surgeons, two nurses and two techs. But that is not enough. Most days we examine and diagnose close to 100 patients. We perform surgery twice a week and on each surgery day we average 30 surgeries. Our schedule is overwhelming, but we work every day so we somehow manage.

OSN: What surgeries are most common? **Dr. Zia:** Glaucoma surgery is very common. In this region of Afghanistan we have many people from the Turkman and Uzbek ethnic groups. People of this ethnicity have shallow anterior chambers, so they are more prone to glaucoma. We also do approximately 700 IOL implantations a year and many intracapsular and extracapsular surgeries, including extracapsular cataract extraction with lens implantation. Most of the rest of our surgeries are retinal detachments and for trauma injuries from land mines or other combat injuries.

OSN: What is your yearly budget?

Dr. Zia: Our budget is US\$80,000 per year. We get about \$40,000 from NGO grants, and we get \$40,000 from the patients themselves. Although we have a free fund, we do charge most patients.

OSN: \$80,000 seems incredibly low for your annual budget.

Dr. Zia: Yes, but of course our costs are much lower here. Our highest-paid surgeon makes only \$160 per month. Additionally, some of our supplies, like our lens implants, are provided by NGOs. This makes for a very low cost per surgery. We charge our patients \$4 for trichiasis surgery, Glaucoma surgery is \$5 and our most expensive surgery, intracapsular cataract extraction with lens implantation, is only \$33.

OSN: Still, you see more than 20,000 patients a year!

Dr. Zia: Yes, and we do more than 2,500 surgeries per year. We also have a mobile team, publish a newsletter, produce a radio show...

OSN: Let's start with the newsletter and the radio show.

Dr. Zia: We try to educate the public on ways to prevent blindness. Afghanistan has a very high incidence of blindness. At a recent U.N. health conference I heard a speaker say we have an incidence of blindness of 3.1% of the population over 40 years old. Our newsletter gives advice about everything from hygiene to diet to how to spot a mine in an effort to bring this rate down. Our radio show also discusses these matters. Additionally, we are trying to establish Afghanistan's first association of ophthalmic health care providers. We hope to hold conferences and establish a national blindness prevention program.

OSN: Now tell me about your mobile team.

Dr. Zia: We created a mobile team that we try to send out at least five times a year. Each team comes with a doctor, nurse, administration officer and a technician. We travel to rural parts of Afghanistan where people are too poor to come to the city for treatment. The mobile team is responsible for approximately 1,000 surgeries every year and nearly all these surgeries we do for free. Unfortunately, we have not sent a team out for a while because we lost our vehicles to the Taliban. This spring will be our first mobile team in 2 years.

OSN: Did your hospital remain open under the rule of the Taliban?

Dr. Zia: Yes, but things were very difficult for us. A mulah was assigned to our hospital by the Taliban. This man was supposed to provide us with governmental support but instead he just used our center to line his pocket. On a given day I would arrive to find he had taken our computers or plundered our safe. This man stole \$8,000 from our safe and said it was a "tax." He even stole medical supplies.

OSN: And your vehicles...

Dr. Zia: We had three vehicles and he took them all. We would see one of our jeeps being driven around by his friend. Then, after the defeat of the Taliban, this same vehicle was taken as war booty by General Dostum (a commander in the Northern Alliance) and is now in the possession of his security chief.

OSN: The vehicle is still in Mazar?

Dr. Zia: Yes, I see it nearly every day. But it is in the possession of the soldiers so there is nothing we can do. But we should be able to purchase a new vehicle soon and I am hopeful we will have a mobile team going out to the rural provinces by late spring.

OSN: Did the Taliban ever harm your staff?

Dr. Zia: Yes. We suffered in many ways. When the Taliban first took power they arrested nearly every young man in the city and many of us on the staff lost loved ones. The

Dr. Zia (cont.)

religious police would harass us because we were partially funded by a Christian NGO. They even once beat a female surgeon for doing her rounds in the men's ward. Two of our techs were arrested and thrown in jail for days because their beards were too short. These atrocities occurred on a daily basis. It was a very sad time for our entire city. Things are not perfect now, but much better since the Taliban have been defeated.

OSN: Is there anything you would like me to try to get for your hospital when I return to the United States?

Dr. Zia: Yes, we need a laser for photocoagulation — an argon or YAG laser. Unfortunately, there is no laser like this in all of Afghanistan. Many people have diabetic retinopathy and they need this laser treatment to prevent blindness. Right now we can only suggest eye hospitals in Pakistan, and most of our patients are unable to make such a far journey. I think with this laser we could save hundreds of people's sight per year. These lasers are not terribly expensive, \$30,000 to \$50,000, but our budget is so small a purchase like this would bankrupt us.

OSN: What are your hopes for the future?

Dr. Zia: I hope the government of President Karzai will succeed in bringing peace and democracy to Afghanistan. I hope this very much. And I hope we will soon have a laser.

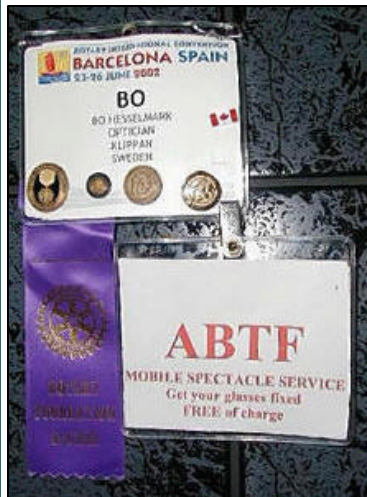
Dr. A. Zia Aamoon, of Balkh University, Mazar-i-Sharif, Afghanistan, can be reached by writing

Doctor Zia, MOC
C/O IAM Office, PO Box 1167,
Peshawar, Pakistan

Service Above Self . . . In Barcelona

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Bo Hesselmark had a Mobile Booth at the RI 2002 Convention in Barcelona. He helped quite a few people with the adjustment of their



spectacles, carrying a small bag with screwdrivers and pliers. Finding RI President Nominee Jonathan Majiyagbe with his spectacles askew, he offered his services and the fit became perfect. He also helped Gloria Rita, wife of PRIP Frank Devlyn when she had a mishap with her sunglasses. Not only in Developing Countries can a Rotarian be of Service to his fellow man.



Above: Fixing the spectacles of RIP Elect Jonathan Majiyagbe

Above: Bo's Badge and extra badge with (from left) the Service Above Self Award, PHF, Rotary Foundation Alumni pin, Rotary Foundation Volunteer pin. Text on badge reads: ABTF MOBILE SPECTACLE SERVICE Get your glasses fixed FREE of charge

India Cataract Project Looking for Sponsors

Cataract remains one of the leading causes of visual disability and blindness all over the world. It is estimated that 5% of India's Population is visually handicapped; of this 12 million are blind due to cataract in India alone. And this number increases by half a million every year. But the biggest tragedy is that at least 80% of these people can be cured by a simple Cataract Operation. The Problem is that the country reports 2.5 million new cataract cases every year. Only two million get Operated and the remaining go blind.

In India where the average monthly earnings of an individual is 21 US\$, the cost of a Cataract surgery is between 14 to 20 US\$. Due to this inhibiting cost factor majority of the population afflicted with the disease go blind. And incidentally since they happen to be the bread winner of the family as a consequence the family becomes desperate and uncared for leading to a rise in the

illiteracy and unemployment.

Seized of this alarming factor and also motivated by the thrust given by the Past International President to the clubs to engage themselves in projects aimed at avoidable blindness we have embarked on this program for the removal of Blindness.

We have formulated a project at a total cost outlay of US \$ 4000 to treat 5000 outpatients and select 750 for Cataract surgery and for the Implanting of IOL for the removal of Avoidable Blindness. The beneficiaries would be from the rural population dwelling in remote villages. We need your assistance in finding out an International sponsor who would be willing to contribute US\$ 1000 to qualify this project under the Matching Grants program. Thank You.

Yours in Rotary Service,

RTN. A. RENGARAJAN
Email: arkj@md5.vsnl.net.in

VISIT THE TASK FORCE WEBSITE OFTEN!
www.rotarytaskforces.org/avoidable_blindness

