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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

### Photos from Chairman Devlyn's Visit to India

Right: Frank Devlyn and his wife Gloria Rita were received at Railway Station, Navasari, Gujarat: India with Rotarians, wearing 'Franks facemask'.

Below: Rotarians at Navasari have established a huge Eye Hospital which caters to rural community.



Above: Frank talks to an eye surgery patient at the Navasari Hospital.

Left: Frank with a traditional Indian turban at the corneal center at Mumbai, India. This is one of the best and the largest Corneal centers in India.

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### Association for Blind Cricket

The World Cup for the Blind was held in Chennai.

Mr. George Abraham, Chairman – World Blind Cricket Council has agreed to collaborate with us for the next World Cup 4 years from now. We are persuading him to come to KL and Hyderabad.



## OEU Makes Program Changes

*From Lynda Cherry  
Vice-President Overseas Programs  
Operation Eyesight Universal  
PH: (403) 283-6323*

On behalf of Operation Eyesight Universal, I would like to take this opportunity to explain some developments concerning the eyeglass recycling program.

As many of you know, since its early days Operation Eyesight has collected used eyeglasses for distribution to our partners elsewhere in the world. Throughout Canada, we are known as the place to send used eyeglasses. And yet, major changes have occurred which demand that we take a close look at the practice of recycling eyeglasses. Here are some highlights of our investigation:

The original call for used eyeglasses had to do with refractive errors following cataract surgery. Even then, very specific types of lenses were required. Today, new technologies have made the need for these kinds of recycled lenses obsolete.

Domestic production of eyeglasses in the developing world means that used frames from Canada are no longer welcome or allowed in some countries, especially in India where most of our work takes place.

The fairly recent move to the use of intraocular lens implants (as part of cataract surgery) by Operation Eyesight's project partners has reduced the long-standing need for frames to hold the old fashioned 'cataract lenses'.

The presence of free eyeglasses can be harmful to micro-businesses that are associated with many of our program partners. These small businesses, often set up by the very people we seek to help, sell low-cost eyewear and are undermined by the free glasses program. These micro-

businesses help the developing countries form a more sustainable means of addressing low vision problems.

When we contacted other major eyesight non-profit organizations, we found that they are no longer involved in the collection and distribution of recycled (used) eyeglasses. Eyesight-related NGOs surveyed included Sight Savers (Great Britain), Christian Blind Mission (Germany), ICEE (Australia), and Seva (Canada and United States).

As you can see, the times are changing, and Operation Eyesight is committed to making wise decisions for the sake of all concerned. Therefore, the decision has been made to wind down this program, and cease active collection/distribution by the end of 2003. We see this as a positive step – one that is wise and humane. It will allow Operation Eyesight to focus its efforts in exciting new directions around the elimination of preventable blindness worldwide.

It has been pointed out that there are a number of countries that continue to express a need for used eyeglasses. Therefore, I am pleased to announce that the Lions Clubs have expressed interest in taking over the program. Lions Clubs International has more than 70 years experience in this area. Although the distribution of used eyewear no longer fits Operation Eyesight's mandate, we acknowledge the value of the program, and we are pleased to work with local Lions to ensure its continuation.

Please understand that this decision is a step forward, and the "best is yet to come" in terms of the powerful effect that this organization will have in the lives of the people in greatest need.

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## Fellow Rotarians Promote 'Frank Talk'

Chairman Devlyn recently thanked Münir Hamamcioglu, Istanbul RC, for his promotion of the 'Frank Talk' book. Rotarian Hamamcioglu used his own autographed copy to promote sales of the book in the 8 clubs he oversees as an

ADG. Thanks also goes to PDG Orscelik Balkan, as he was the one that initiated with success the translation of the book into Turkish. Sales of the book as well as distribution to non-Rotarians have been quite successful.



# Avoidable Blindness Project: Total Solar Eclipse March 29, 2006

By Helena Hesselmark

A **Total Solar Eclipse** is a tremendous experience. Most people never ever manage to see one, let alone several. The big trouble, however, is the need of proper eye protection during the eclipse.

In 2001 Helena Hesselmark, social geographer, Rotary eClubOne and Bo Hesselmark, optometrist, RC of Klippan, district 2400, traveled to Zambia to inform about the Solar Eclipse of June 21 and to distribute eye protection glasses and shields to Secondary School students.

Report can be seen at <http://hem.passagen.se/luma/Zambia2001.htm>

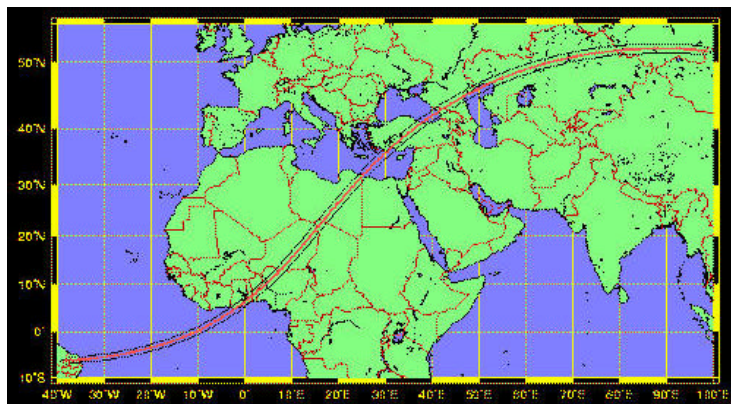


Around 15 Secondary schools in Lusaka, Kalomo and Livingstone were visited. We informed about the Solar Eclipse, the physics about it and the danger it could cause to eyes.

This was our 3rd Total Solar eclipse. The first one was in Sweden in 1954 which we both watched with our fathers through soothed glasses some 150 km north of where we lived. We were 15 and 16 years old and hadn't yet met each other.

The 2nd was in 1999 in Hungary where we observed the eclipse 70 km south of Budapest. This time we used factory made solar eclipse glasses and unused x-ray plates, exposed and developed that we had got from a dentist friend. The protection was as good as from factory made glasses and in our opinion the image was better, in a more soft reddish.

There and then we decided to go to Zambia to distribute protective devices as we found the most alarming facts in Hungary about lack of eye protection.



## PATH OF TOTALITY:

The Total Solar Eclipse starts in Brazil, but can best be viewed in Western and Northern Africa and Turkey. Rotary countries concerned are Ghana, Benin, Togo, Nigeria, Niger, Chad and Turkey.

In 2001 we actually went to Zambia and with the absolute cooperation of RC of Lusaka Central we disposed of 30 000 protective devices.

## Big plans for 2006 Total Solar Eclipse on March 29

Our ambitions are to coordinate teams of two Rotary Volunteers applying for Individual Grants to travel to each Rotary Country in the Totality path. These Rotary Volunteers will cooperate with Rotary Clubs in the target countries. The aim is to inform about the Total Solar Eclipse in Secondary Schools and to distribute protective eye wear for the eclipse. This is a way to eliminate eye damage during eclipse observations.

have already contacted some Rotary Clubs in the Totality Path. I would be happy to get in contact with more, both clubs and individuals. It is my ambition to write more about this project, both project info and Solar Eclipse info.

It is important that preparations start NOW, it is a huge undertaking and a marvelous way to show the amplitude of Rotary as a service club organization.

Are YOU interested in serving as Rotary Volunteer in this proposed project, three years from now? Is YOUR CLUB in the totality path? Would you like to participate?

Contact Helena Hesselmark:  
[helena.hesselmark@swipnet.se](mailto:helena.hesselmark@swipnet.se)



For the latest information on the work of the Avoidable Blindness Task Force, check the website often:

[www.rotarytaskforces.org/avoidable\\_blindness](http://www.rotarytaskforces.org/avoidable_blindness)

## Rotarian Becomes Involved in Bangladesh Project



*“I trust and hope that this visit will make me a better human being . . . I am pretty sure the visit will make me better Rotarian.”*

I am a Ophthalmologist with over 13 yrs of experience. I am very well trained both in India, UK and Belgium. I have FRCS (Edin) from UK and license to practice in UK. But I chose to serve in my country, India after my education and training. I have been a Rotarian for 4 years. We run an eye care institution in Mysore, India. I am a subspecialist in Retina and Vitreous diseases of the eye. We do up to 3000 surgeries a year. About half of these are operated on without any remuneration.

My club RC of Mysore West takes a lot of interest in eye care projects and we have been in the forefront in District 3180 in eye care for several years now. In Sept. 2002 I happened to volunteer in Nepal for an Organization called SEE International. I enjoyed that experience. This is a experience of giving by way of time, resources, skills, and providing actual service in an eye care facility. You develop a bit of philosophical and spiritual outlook from these visits.

Then I learned that one can be Rotary volunteer and TRF will provide some living expenses and airfare. This was welcome and needed. In the last visit, all of the expenditures including travel, living expenses were ours. Then I got in touch with Rtn Steve brown, (USA, Vice chair ABTF) & Dr Dilip Raval, (Bangalore, India, Asia ABTF coordinator) who encouraged me to take up a challenging assignment. I looked up the volunteer site lists on the web maintained by RI. I became interested in a site in Bangladesh and after contacting them, Rtn Emdad ul haq and club president of

RC Dhaka quickly responded with an invitation.

I completed the needed volunteer registration forms and the grant forms. The formalities were minimal and Miss Roz Benford at RI was extremely helpful in approving the grant in record time. Then the travel and visa were taken care of RITS Delhi office. Now I am looking forward to this assignment and the challenge ahead. I understand that the site is about 150 km northeast of Dhaka and not accessible by road or rail. Boats will have to be used to reach the project site for this reason. The surrounding area is in a similar situation and has very few medical facilities and doctors.

We will be screening the surrounding villages using the boats as transport and will be bringing the patients to the base hospital. There we plan to perform a number of cataract, glaucoma, and retinal operations. In addition to this my goal is to interact with colleagues from Bangladesh and share each others' experiences. I would like to learn as much as possible, as I am hoping to teach some of the young surgeons. There might be some lectures as well.

I trust and hope that this visit will make me a better human being; More patient and giving. I am pretty sure the visit will make me better Rotarian. RC of Mysore West also may consider some token donations to this facility. I consider this to be an honor, representing the TRF and RC of Mysore West.

Dr K V Ravishanakar  
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## Success Story of Rotary Club Siddapura – Hosangadi

Siddapura is a Small town located in the lap of majestic Western Ghats surrounded by tall evergreen trees, carpet like lush green bushes, areca and coconut plantation and water from the natural source, in short the nature has blessed this locality with plenty.

It was in 1995 that 30 young dynamic

citizens under the stewardship of Dr. H. Nagabhushana Udupa joined hands to form a Rotary Club in Shade of western ghats of Siddapura viz: Rotary Club Siddapura – Hosangadi, RI Dist 3180. The charter was presented by dynamic, Dedicated Rotarian then DG Dr. P.Narayana and encouraged the Members to involve

in Community need activities. Rotarians of Siddapura Hosangadi had many challenges to face, as most of the people living in and around are financially poor, backward and tribble people. Means of communication were also scanty. After doing small projects like vaccination to School children, Dental Camps, Medical Camps, Blood Group Checkup Camps, Blood Donation Camps, AIDS awareness Camps and organizing Eye Checkup Camps in 1998 Rotarians realized that incidence the of blindness is prevalent in the locality and there is no permanent Eye care Centre in underserved tribble hilly area around Siddapura. Patient who could afford go to far off places like Manipal, Mangalore etc. But the poor patients were totally dependent on Camps being organized by mobile teams coming from KMC, Manipal. These Campus used to be once or twice in an year. This was a serious challenge which Rotarians of Siddapura Hosangadi accepted & decided to encourage Janakiram Hospital Charitable Trust to serve the patients of Siddapura and under served people around hilly area of Siddapura for eye care.

As the magnitude of the project was very big, the Rotary Club of Siddapura Hosangadi decided to co-sponsor ongoing project: Avoidable Blindness Control Programme to involve community as a whole in association with Janakiram Hospital Charitable Trust which is running 20 bed Hospital with spacious wards, private rooms, out patient department, investigation section & Operation Theater.

Looking into the demands of the community at large Rotary Club Siddapura Hosangadi started this project Avoidable Blindness Control Programme in the month of

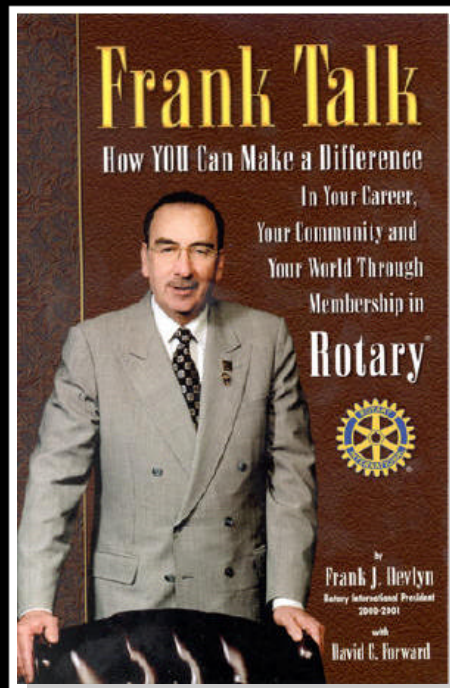
August 2001 as a monthly programme. Now the programme is conducted regularly once a week & is very popular. We should thank PDG. G.C. Sipani for his outstanding support and timely advice to implement this project effectively through the Matching Grant No: 17892. Our sincere thanks are due to Rotary Foundation for financial support. As they planed to substantiate it as an ongoing project to achieve the goal of vision – 2020, they need financial support to provide modern facility to this trust Hospital, in order to render quality Eye care service and to serve the noble causes of implementing Avoidable Blindness Control programme in this rural area.

All the Hospital is run managed by Janakiram Hospital Charitable Trust is well staffed with qualified and experienced Ophthalmic Surgeon, at the movement one Ophthalmic Surgeon serving the community under the banner of Rotary Club, Siddapura Hosangadi. Cataract Surgeries are being performed to resort sight. Cataract being replaced with IOL. The Doctors and the farthest community around Siddapura which are far off from the Base Hospital – Jankiram Health Centre.

They are not yet fully satisfied with this achievement as there are still areas in the hilly terrains of Siddapura which need more Information, Education, Communication regarding the eye care facility and they will put efforts to establish more specialty in Jankiram Health Centre so that no more remains blind for lack of facilities.

We pray Almighty to give us strength and we seek better vision.

Rtn. PHF. M.Raghavendra Rao  
Asst. Governor, 2001 – 02, RI Dist 3180



## What to Know About **FRANK TALK**

- All profits from the sale of "Frank Talk" are being committed to Avoidable Blindness
- Books can be purchased on line from the following link:  
[http://www.reachforward.com/html/frank\\_talk.html](http://www.reachforward.com/html/frank_talk.html)
- Price is only \$4.95 when purchased in quantity
- This is an excellent way to support the Avoidable Blindness efforts and promote Rotary at the same time

*Note: Over 75,000 copies of Frank Talk have been sold. It has been translated into 7 languages. It is considered to be one of the most effective recruiting tools for Rotary membership ever developed.*