



Visions

The gift of sight . . . Protect it, Save it, Restore it

April 2004

the newsletter of the
International Eye Care Fellowship of Rotarians

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Lend a Hand

Chairman's Message

Dear Fellow Rotarians,

President Jonathan B. Majiyagbe has challenged Rotarians world wide to LEND A HAND this Rotary year and Rotarians around our vast world have been doing just that in a myriad of ways. In December of 2003, Past President Frank Devlyn, recognizing the great need to continue the work of our former Avoidable Blindness Task Force asked me if I would "Lend a Hand" and serve as chairman of a new INTERNATIONAL EYE CARE FELLOWSHIP OF ROTARIANS (IECFR).

Historically, we had a Fellowship for Eye Care under the leadership of Dr. Jack Aaron, Rotarian ophthalmologist from Tucson, Arizona. Jack was most enthusiastic about the proposed new fellowship and sent me background information about the "Fellowship for Eye Care" that he had founded in October of 1999. We have added Jack to our IECFR Board as Immediate Past Chairman. I am also delighted that Dr. Kenneth D. Tuck, Past President of the American Academy of Ophthalmology and President of the Roanoke, Virginia Rotary Club is serving as Vice Chairman. Other officers can be found by clicking on "officers" on our home page.

Since accepting Past President Frank's invitation to serve, I have been working with a great Rotarian Harriett Schloer from Bend, Oregon. Harriett worked effectively and efficiently with our former Avoidable Blindness Task

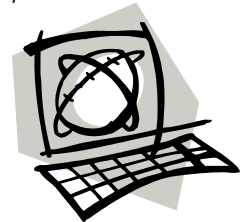
Force. In this brief period of time she has established a fantastic new web site at www.rotarianseyecarefellowship.org. I urge you to visit this web site and on our "home page" you will find a superb list of "International Service Organizations" where you can go to learn about eyes and vision—truly a resource of Eye-care worldwide. As I was preparing this letter I ran across another web site that I will ask Harriett to add to that page; www.healthyvision2010.org. I recommend this to all of you interested in eye care. I am also pleased that Kelly Crates, who edited our Avoidable Blindness News Letter will be editing this Fellowship Newsletter.

As I close this first IECFR Newsletter I am grateful for the opportunity to "Lend A Hand" and remind each of you to do likewise with a favorite quotation from Dr. Albert Schweitzer: *"I DO NOT KNOW WHAT YOUR DESTINY WILL BE, BUT ONE THING I DO KNOW. THE ONLY ONES AMONG YOU WHO WILL BE TRULY HAPPY ARE THOSE WHO HAVE SOUGHT AND FOUND HOW TO SERVE."* As President Jonathan has said: "There is no limit to what the helping hands of Rotary can accomplish," so "LEND A HAND!"

O. Doyle Dannenberg, O.D.
Chairman IECFR

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What you'll find at the new Eye Care Fellowship website:

- Background on the IECFR and how it's organized
- A list of officers who have agreed to serve the eye care fellowship
- Proposed bylaws in draft format
- Information about how to become a charter member
- FAQ's, project ideas, eye care links, completed projects, and more . . . !

www.rotarianseyecarefellowship.org

Success Story: Rotary Vizag Mid-Town, RID 3020

Here is a success story of an Avoidable Blindness Project of Rotary Vizag Mid-Town, RID 3020. Congratulations to all the members.

Our Club started in 1983. To commemorate the 10th Anniversary of the club, in December 1992 we started Rotary Netra a Rural Eye Hospital in a rented premises in a village called Kotthavalasa 27 Kms away from our city.

The founder/chairman of the hospital is Rtn.PP.P.Venugopala Krishna Murthy. Dr.C.Phanendra, MS, D.O joined our club then and nourished the hospital from then on as medical director.

In 1994 he acquired us a site in Saripalli, Pendurthi, 17 Kms from our city. We constructed the first floor with a matching support of Sight Savers International (SSI) and donations from our members, Philanthropic organizations, and individuals.

In 1999 with the assistance of Government of India under World bank assisted NPCB we constructed the first floor and upgraded it into a 40-bed eye hospital.

Currently the activities are:

- Netra: The only functional Eye Bank in North Coastal Andhra Pradesh.
- Prof.A.S.Ramachandra Rao Ophthalmic Paramedical Institute: It has 30 trainees; we are running as a income subsistence vocational training institute for the rural youth in the areas around our hospital.
- Low Vision Centre: Rtn.Ramnarayan Satapathy who got trained at L.V.Prasad institute is looking this unit.
- Bi-Weekly Camps: we conduct on every Monday and Thursday Screening camps in different places bring the patients to the base hospital on the same day. On the second day we shall perform surgeries and dropping them on the third day.
- Satellite Centers: We are developing two satellite Centers.
- Rotary College Alaska Ophthalmic center: Chodavaram, 30Kms South west of the base



hospital Currently our team visits every Wednesday.

- Attili Seetha Suryanarayana Ophthalmic Centre at Mushiram 20Kms North west of the base hospital. To this place our team is visiting every Friday.
- School Children Camps: Every Saturday, (August to February) we are organizing a school children camps.

For more Details you may contact Secretary of VMRC Trust. Rtn.PP.A.R.Jayanty, 504, Sai Towers, Rednam Gardens, RamNagar, Visakhapatnam - 530 00 2
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Do a Lot of Good—Have a Little Fun

Avoidable Blindness Projects at Their Best

While visiting Father Marco Dessey in Chinandega, Nicaragua, Dr. Vissett Sun, President Elect of the Rotary Club of Space Center, District 5890 used his professional skills to examine the eyes of the children at the dump school and the School for the Blind. It was miraculous what was accomplished in only a couple hours of time. The students were brought from the schools and queued for examination. Adrienne Sun, the doctor's wife, instructed the Rotary volunteers on what to do. Four screening lines were established and operated by the volunteers. Any child who

had difficulty passing the screening was referred to Dr. Sun. He examined all the blind children.

The 220 students were screened in less than two hours. The two hours included setup, instruction, and screening. Of the 220 screened, 11 needed glasses. Dr. Sun is mak-



"It was miraculous what was accomplished in only a couple hours of time."

ing the glasses and will ship them next month. Two need more testing for very high prescriptions. Three had congenital cataracts which surgery could correct restoring their sight. Five are blind; no glasses will improve vision, but some low vision aids might help. The remaining 204 had normal functional vi-

sion of 20/40 or better and do not need glasses. Sponsors for the cataract surgeries are needed.

You can join the Avoidable Blindness efforts and have a mini-vacation by volunteering on the semiannual trips to Mexico, Nicaragua, Panama, Bolivia, or other Rotary sponsored trips. Joining in this trip were: Director Mike and Mary Pinson, Rotary Club of Killeen Heights, Dr. Vissett & Adrienne Sun, Rotary Club of Space Center, DGE D'Lisa Simmons, Ro-



tary Club of Galleria Area, PDG Charlie and Barbara Clemmons, Rotary Club of Seabrook, AG Suzi Howe, Rotary Club of Space Center, PAG Bruce Norton, Rotary Club of Harrisburg, Jerome & Agnus Bourgeois, Rotary Club of Space Center, Dick Kidder, Rotary Club of Space Center, Laura Hale, Rotary Club of Space Center, Jim and Sandy Kite, Rotary Club of Brenham, and Frank Huezo, Rotary Club of Hum-



ble/Intercontinental.

Article by PDG Charlie Clemmons
Photos by Rtn Barbara Clemmons

Pediatric Eye Care and 'Vision 2020—The Right to Sight'

What is Childhood Blindness?

Definitions:

Blindness, in medical terms, is defined as a corrected visual acuity of less than 3/60 in the better eye. Severe visual impairment is defined as a corrected visual acuity in the better eye of less than 6/60 - 3/60.

An individual is said to be afflicted with childhood blindness if he is aged less than 16 years, according to UNICEF definitions.

If a child is blind because of a preventable or curable cause, it is particularly distressing not only for his or her family but also for the entire nation because the loss of productivity is incalculable

Causes:

The major causes of childhood blindness are refractive errors, which are responsible for visual impairment in more than 80% affected children, Vitamin A deficiency, cataract, glaucoma, trauma and eye injuries.

Worsening matters is the fact that there is a great shortage of trained manpower in rural areas, with 80 % of the country's ophthalmic surgeons preferring to practice in urban areas where only 24 % of the population lives. There are

12,000 ophthalmologists in India, but less than 150 ophthalmologists (including government and private sector) are trained to deal with Pediatric Ophthalmology disorders.

Why Pediatric Eye Care?

The importance of pediatric eye care lies in the fact that chances of preventing or curing blindness are much more during childhood.

The responsibility of the government, non-governmental organizations, the medical fraternity and society in general to make quality and affordable pediatric eye care facilities available to all who need them is, therefore, tremendous.

Besides this, they also have to create awareness about the drastic impact blindness has on the lives of children and their families, and about methods to prevent or cure it.

Any pediatric eye care plan would, therefore, cover but not be limited to the following:

- Spreading awareness about vision problems, their

causes, their impact and the availability of cost effective or sponsored correction programmes.

- Education about and implementation of condition improvement programmes to avoid childhood blindness.
- Timely detection of impaired vision cases by eye screening or other methods.
- Medical tests and examinations.
- Treatment through medication, diet changes, corrective equipment implantations, surgeries and laser treatments.

Vision 2020—Right to Sight

Since, children constitute only 3 % of the world's blind population, childhood blindness was earlier not given its due importance during allocation of health resources. However, considering the seriousness of the problem, the control of blindness in children has now been included



as a 'priority' within the World Health Organization's (WHO) **Vision 2020 - Right to Sight** programme which will be implemented through the following activities:

- Specific disease control measures,
- Human resource development,

- Development of appropriate technologies and infrastructure. The priority areas identified for action are:

- Elimination of 'Vitamin A' deficiencies,
- Treatment of congenital cataract, glaucoma and retinopathy

- of prematurity,
- Correcting serious refractive errors.

These goals are being achieved through:

- Promotion of primary health care,
- Screening in schools,

Welcome to Kenya—to work at Sabatia Eye Hospital



Sabatia Eye Hospital, located in Western Kenya 36 km north of Kisumu, was founded 1996. It is the only Eye Hospital in the region serving a population of about **5 million people**. This is a very beautiful and fruitful part of Kenya - almost free from mosquitoes.

The hospital is sponsored by CBM, is well organized and according to African standard well equipped.

That includes an Optical Department, facilities for Pediatric Eye Surgery and Laser treatment as well as 32 beds. Surgeries performed yearly are approximately 2000 at the Base Hospital, 250 at other hospitals in Kenya and 1200 during mobile outreaches to Southern Sudan. Cataract surgery is performed with Extra Capsular Extraction and Intra Ocular Lens Implant



(recommended by WHO). Corrective Lid surgery in Trachoma is common in Sudan. The staff is mainly domestic and is well educated and engaged. There are around 45 employees altogether. However, there is a lack of eye surgeons who can support and relieve the permanently employed staff. Among them are Sture Nyholm and his wife Majvor from Finland. They are doing a tremendous job in Kenya, but also in Sudan. Ulrika Lidén is an eye surgeon from Sweden, who has been there and she is making an appeal to all colleagues to take go to Sabatia for two months and work so Sture, Majvor and the other persons there

can take some days off and be able to continue their outstanding work. With help of an ECCE with IOL-operations the blind patients can see again! From her pictures you get an idea about the hospital. More buildings are planned to give the employees more comfortable and even safer living. In the Nordic Countries the Doctor Bank arrange the administration and fix all practical things for the doctors going abroad.

There is also a dream to extend the well organized "Jeep doctor relay" that the Doctor Bank has. To get another jeep, equipped for "mobile eye surgeon safaris" would help to avoid blindness in Kenya. With mobile clinics, there will be increased possibilities to reach far away areas of Kenya and adjacent countries where there is no eye care at all. The Doctor Bank would be responsible for staffing the Programme. Sabatia Eye Hospital has the Infrastructure, the Management and the commitment to reach this goal.

"Mobile eye surgeon safaris' would help to avoid blindness in Kenya."



The Sabatia Eye Hospital is partly supported via the Rotary Doctor's Bank in Sweden and other Nordic Countries. They are in desperate need of more volunteers and they want to extend the activities with a mobile clinic via jeep as is done elsewhere via the Doctor's Bank. For more information, contact Birgitta Nordenman, Zone 15 Coordinator—bin@magnolia.se