



Visions



December 2006 Volume 3, #1

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

A Message from our Action Group Chairman

My Fellow Rotarians

The year 2006 will soon become another chapter in history. As we again approach another new year and this joyous season, we look forward to family and friends coming together to share this special time of the year. And whether it be to celebrate family values, our religious heritage or another year in history, it becomes a time to reflect on the events of the past and to ponder and plan for the year ahead.

It is also a time for us to include Rotary in our plans for the future, what it means to be a Rotarian and the opportunities it provides for service at home and around the world. Rotary brings us together as a world community inspired by our motto of “Service Above Self” and The Four Way Test. Rotary provides us with a compass to guide us whether we serve in District 7570 in the USA or in District 6460 of India or in any of our 529 Districts. We are united as one in Rotary service with a goal to promote family values and fellowship, as well as humanitarian projects to relieve health concerns, hunger, poverty, disease and illiteracy; this is our opportunity to lead the way in promoting good will, peace, and understanding in the world.

We ask ourselves why we are Rotarians, and how we can individually or collectively make a difference. This is the beauty of Rotary . . . through our clubs and districts and through our Fellowships and Action Groups, there is a place for us to develop and promote our particular service interest.

Eliminating needless world blindness

is a place to make a huge difference. That is why I am so proud to be a member of our Eye Care Fellowship, now the *Rotarian Action Group for Blindness Prevention*.



The World Health Organization estimates there are 37 million people in the world who are blind, plus another 124 million who have severe visual impairment. And somewhere in the world another adult goes blind every five seconds, and a child every minute. Human suffering from blindness and the economic impact of this tragic disability is staggering. Seventy-five percent is avoidable, either curable or preventable. This is our opportunity to make a difference through Rotary.

The World Health Organization has an initiative to eliminate needless blindness in the world by the Year 2020. This Herculean challenge will require not just the involvement of eye care professionals but the support and participation of volunteers from every background. We welcome you and your fellow Rotarians into the fold to lend a hand in this global effort.

In the past year, our Fellowship has transitioned from a fellowship into an Action Group so we can be more effective creating awareness and promoting more opportunities for action. Please review the Blindness Prevention projects

(Continued on page 2)

Officers

Chairman
Ken D. Tuck, MD

Immediate Past Chair
PRIP Frank J. Devlyn

Vice Chairman
PDG Rekha Shetty

Secretary
Harriett Schloer

Treasurer
PDG David Gallagher

Board Members
PDG Stephen R. Brown
Patrick E. Devlyn
PDG Rob Ketron
PDG Thomas Kwako
PDG Dr. Prithvi Raval
Kula Sabaratnam
Selvarajah Sunderavel



Be sure to check all of the latest Fellowship news on the Eye Care Fellowship website!

Visit our Web Site: <http://www.rag4bp.org>

A Message From our Chairman . . . (continued)

(Continued from page 1)

described on our website. You are invited to submit a summary of your project if it is not there, or add your support to an existing one.

I also ask you to take a look online at the summary of the projects that were completed during 2005-2006 that were included in our Annual Report to Rotary International. These projects are testimony to all the good work we are doing.

Our Rotarian Action Group for Blindness Prevention will be changing . . . and growing . . . to create new opportunities for service. Changes are being mandated by Rotary International for all Action Groups and will be reflected in our new ByLaws which will be voted on by our membership during this Rotary year.

In the past year, I have been impressed by the level of interest in blindness prevention projects. I have been gratified by the great team effort and leadership that promises a productive future for our Action Group. Plans are in place for a successful workshop and annual meeting of our membership during the 2007 RI Convention in Salt Lake City. You will be impressed with our new booth which will catch the eye of fellow Rotarians. We will have a well organized team at the booth at all times to inform and promote our Action Group and I sincerely hope that you will be able to join us.

We saw what we could do at the Annual Meeting of the American Academy of Ophthalmology with an attendance of 32,500. Karen Whisenhunt (RC of Las Vegas) organized shifts of volunteers from her Las Vegas Club to meet and greet, and to promote our mission in the midst of hundreds of other exhibits. It was an impressive show! Many of our Action Group leaders traveled to Las Vegas from great distances to participate. PRIP Frank Devlyn and his brother Patrick from Mexico City, PDG Rob Ketron from Baltimore, Maryland, USA, PDG Rob Martin from Maryland, USA, PDG Walt and Harriett Schloer (our Secretary) from Bend, OR USA and Kula Sabaratnam from Singapore. I was impressed with

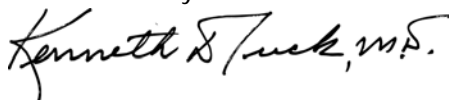
the energy and commitment of so many Rotarians who greeted fellow Rotarians and potential Rotarians who have an interest in blindness prevention.

I cannot conclude my remarks without praising our leadership and thanking them. I wish I could list all of their names, but the list is fortunately too long. I will, however, thank PRIP Frank Devlyn for his continued passion in promoting blindness prevention and challenging us to create awareness and take action. And I would like for you to know Harriett Schloer, our secretary and webmaster, as I know her. Her Rotary knowledge and experience, her tireless energy and commitment to blindness prevention are boundless and her willingness to provide help and support whenever called upon have been invaluable to me and to our Action Group. She knows the RI policies, rules and regulations and makes sure we implement them and adhere to them. I see our Rotarian Action Group for Blindness Prevention "leading the way" with the help of Frank Devlyn and the rest of our Action Group officers and Board members.

And finally on a sad note, we have had to say goodbye to two of our Board members, Dr. O. Doyle Dannenburg and PDG Trevor Powell who passed away this year. They were stalwarts in Rotary and in their commitment to blindness prevention. We will miss them and we extend our heartfelt sympathy to their families.

My wife Sara and I wish for each of you health, happiness, and peace during the Holiday Season and throughout the year to come and may the new year herald the beginning of a world at peace. That would be the greatest gift of all.

Yours in Rotary service.



Ken D. Tuck, MD
Chairman

Rotarian Action Group for Blindness Prevention



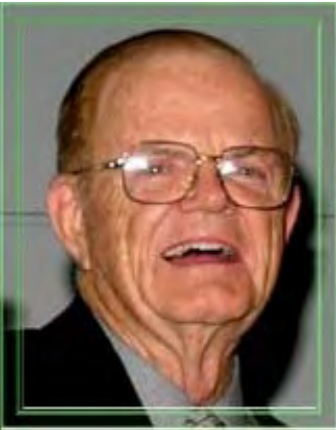
Attend the 2007 RI Convention
Salt Lake City, Utah (USA)
June 17-20
Register online at
<http://www.rihost2007slc.org>

Two Action Group Leaders Will be Greatly Missed

It has been a difficult year for our Action Group Board of Directors with the loss of two very important leaders.

PDG O. Doyle Dannenburg

In September, we lost a wonderful friend and former Chairman of the Avoidable Blindness Task Force (two years) and the International Eye Care Fellowship of Rotarians (3 years), Dr. O. Doyle Dannenburg. Many of you will remember that we honored Doyle with a special award upon his retirement as Chair at the 2005 International Convention in Chicago.



PDG O Doyle Dannenburg
Past Chair of the IECFR

Doyle was a wonderful humanitarian who was completely devoted to the prevention of blindness. It was his lifelong passion and the world is a better place today because Doyle was here. The more than 800 Rotarians and friends that attended the memorial service spoke volumes of the

love and admiration we all had for him and his service to mankind.

Doyle was always cheerful, and always had a smile on his face. Each time I saw him and greeted him and asked him "How are you", his response was always the same . . . "Unbelievably happy and enthusiastic". That was Doyle and I shall never forget him. It was my great honor and pleasure to work with him for six years and I feel truly blessed that I could call him my friend. He will be truly missed by all of us and by the many people around the world that he dedicated his life to but for

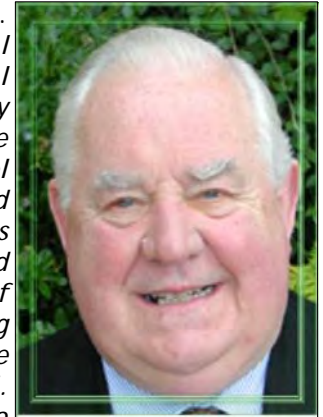
me the loss is very personal. I was deeply saddened by his passing and I shall miss him terribly.

Harriett Schloer
Action Group Secretary

PDG Trevor Powell

In early November, we were once again saddened by the sudden and untimely death of our European Director, PDG Trevor Powell.

To quote our Chairman, Dr. Ken D. Tuck, "*Personally, I shall miss Trevor greatly as I have called upon him many times since assuming the office of Chairman for counsel and advice. I trusted him and had great respect for his integrity. The knowledge and wisdom he imparted was of great help to me in making decisions as to the best course for our Action Group to travel. His passing is a great loss to Rotary and to our organization. He has left some very big shoes for us to fill.*"



PDG Trevor Powell
Action Group Board Member

Trevor's close personal friend, Rotarian David Spurrell wrote to say that the "*Service of Thanksgiving for Trevor was a very moving occasion with over 300 friends attending. So many wonderful words were said about Trevor and it is so clear that he will be so greatly missed by so many. Trevor gave such wise leadership and had great enthusiasm for the Avoidable Blindness cause. We are ensuring that his work will continue through our support for IOL's and Rotary Foundation Matching Grants.*" Trevor's memorial service was a tribute to a life devoted to the service of others.

Board Seeking Nominations to fill Vacancy Left by Trevor Powell

PDG Trevor Powell's passing has left a vacancy on the Board of Directors. The Executive Committee is seeking nominations for an Action Group Rotarian to complete the remainder of Trevor's term of office (through June 30, 2007) and to place their name on the ballot for the 2007 Annual election to run for a full 3-year. Nominees should have the following qualifications:

- Be an active member of the Action Group and must be a European Rotarian
- Have experience working with clubs and districts in the area of Blindness Prevention
- Have current knowledge of the Rotary Foundation Matching Grant process

- Be able to attend the Action Group annual meeting and Board meeting in Salt Lake City in 2007 during the RI Convention.

Qualified nominees should submit a Rotary Resume, a photo, and a cover letter stating your interest in serving and why you believe you would make an effective Director. Please submit these to Secretary, Harriett Schloer, via email at in2dtp@empnet.com. Deadline for submission December 31, 2006.

Please note that the Executive Committee voted unanimously to have PRIP Frank Devlyn fill the remainder of Past Chairman Dannenburg's term. PRIP shall server until such time as we have a new "Immediate Past Chair".

Transitioning From a Fellowship to a Action Group



The 2005-2006 Rotary year was a very busy one for our organization and it also brought about a major change for our Fellowship. During our annual meeting at the Copenhagen convention, we unanimously voted to become a Rotary Action Group. Our new official name is the *Rotarian Action Group for Blindness Prevention*. With the name change came a new web site address. You can now locate us on the web at <http://www.rag4bp.org>.

The decision to convert to an Action Group more accurately reflects the fact that we are an organization that does the “work of Rotary” through our blindness prevention projects and seminars worldwide. The switch will change the manner in which we operate in the future with additional changes being made during this Rotary year.

New RI Standard ByLaws for Action Groups

In late November, we were notified by Rotary International that we will need to make significant changes in our Action Group ByLaws (all Action Groups will need to do this) in order to be in compliance with the new Rotary Standard ByLaws for Action Groups that were approved by the RI Board of Directors at their October meeting. A draft of new ByLaws has been prepared and provided to the Action Group Committee on the RI staff for review prior to having them voted on at our annual meeting in Salt Lake City. RI must now approve all Action Group ByLaws before they can be adopted and implemented. The new ByLaws will reflect changes needed to meet the requirements of the new RI Standard ByLaws. Some of them are as follows:

- There will now be annual elections rather than bi-annual elections. (*Officers would be elected for two-year terms and Directors would be elected for three-year terms. An officer may serve a maximum of three consecutive terms in the same office and a Director may serve a maximum of two consecutive terms.*)
- There shall be a “ballot by mail for all elections and resolutions (such as ByLaw changes) and this must be done PRIOR to the annual meeting at the RI Convention. (*We are looking into making it possible for all of our members to vote online prior to the annual meeting using an online secured voting service. This will be much less expensive and time consuming than printing, posting and mailing individual ballots to all of our members worldwide and will make it possible for all of our members to vote.*)
- We will be increasing our Board from 8 to 9 Directors. Each will serve a 3-year term with 1/3 of them being elected each year. This will improve continu-

ity on the Board. All Directors will be elected this year. At the annual Board meeting in Salt Lake City, it will be decided which members will serve 1-year, 2-year and 3-year terms of office.

- We will now open membership in our organization to spouses of Active Rotarians as well as members of Rotaract. This will help us grow.
- We will increase the number of members of the Executive Committee from 5 to 7 by having the Board elect two of the Directors to serve on the committee for a 1-year term. This will occur each year at the annual Board meeting to be held during the RI Convention.

There will be additional changes which will be included in the final set of revised ByLaws for membership consideration. Once we have approval of the RI review committee to proceed with our draft proposal, it will be presented to our Executive Committee for further review and then presented to the entire Board for final review before it is presented to the membership for adoption.

Annual Report of the Action Group to RI

A 33-page Annual Report was prepared by our Secretary and submitted to RI in October. The report included a list of all projects which had been provided to us for inclusion in the report along with several photos. A summary of these projects is available on our Action Group web site at <http://www.rag4bp.org>.

Booth Staffing at the 2007 RI Convention

Our Brand new Action Group trade show booth will be on display at the RI Convention in Salt Lake City in June of 2007. We are going to need a LOT of help staffing the booth as we are expecting a BIG turnout for the Salt Lake Convention. Early registration is at an all time high with nearly 10,000 Rotarians and guests having registered by December 1. If you have not yet made plans to attend, NOW is the time to do so. Register online at the Rotary web site to get discount rates before March 31. Once you register go to our web site and sign up to do a shift in the booth. It will be fun and you'll meet a lot of great people. Our goal this year is to add at least 50 new lifetime members to our Action Group during the convention and with your help we can probably do more.

Once again this year, our booth will be located adjacent to the Convention Goers booth so we can share resources and cut costs. Be sure to sign up and experience so great fellowship during the Convention.



Action Group Promotes Rotary at the AAO Convention

Visitors from Paraguay, Brazil, Australia and literally all over the world visited the "Rotary Action Group for Blindness Prevention" booth at the American in Las Vegas, Nevada (USA) at the Sands Convention Center, November 11-14. Thirty thousand visitors attended the convention and toured the exhibits. Thirty-one Las Vegas Rotarians and six visiting Rotarians proudly took turns manning the newly designed booth at the convention. It is an absolutely beautiful booth and great representation for Rotary. This was the first time the booth was put on



Our new Exhibit Booth makes its debut



PDG Rob Martin, Las Vegas Rotarian Karen Whisenhunt (booth staffing coordinator), a Las Vegas volunteer, and Ambassadorial Scholar Michael Gordon

display and it will be used next at the 2007 RI Convention in Salt Lake City in June.

This is the third time there has been a Rotary presence at the AAO convention in Las Vegas. The purpose of having a presence is first and foremost about fellowship . . . fellowship among the members staffing the booth and fellowship among local Rotarians, visiting Rotarians and



PRIP Devlyn and a group of Las Vegas Rotarian booth volunteers at the AAO Convention.

non-Rotarians. The concept of a booth at the AAO (and other eye care professional conventions) is to show local and visiting Rotarians that there are other ways of promoting Rotary "outside the box" of what we normally do. It doesn't matter what type of show it is. There are always traveling and local Rotarians at a convention and projects within Rotary that can be promoted. This one just happens to be an ophthalmology show.

Among the distinguished guests staffing the booth were Past RI President Frank Devlyn and his brother Patrick, PDG Walt Schloer (D5110), PDG Rob Ketron, PDG Rob Martin, Action Group Chairman Dr. Ken D. Tuck (Past President of the AAO) and the Action Group Secretary, Harriett Schloer (D5110).

Fellowship and enthusiasm ran high at the booth and fun was had by all. Volunteers and spouses from all of the Rotary Clubs in Las Vegas and Ambassadorial Scholar Michael Gordon helped to man the Booth. Michael went the extra mile to help set up and take down the booth as well as shuttle people around, besides organizing the volunteers, coordinating the events and shuttling people around. The convention was truly international fellowship at its best.

On Monday, November 13th PRIP Frank Devlyn was the guest speaker at an inner club meeting

hosted by the Rotary Club of Las Vegas South West. The club was also honoring their club past presidents which made for a great meeting and exquisite lunch. Members from six Las Vegas clubs attended the luncheon.

PRIP Devlyn spent a great deal of time in the AAO booth talking with visiting Rotarians as well as non-Rotary members. Of course, there were all three of the "Frank Talk Books" on hand which he autographed for the more than 100 lucky recipients.



PRIP Frank Devlyn signs a copy of Frank Talk III for a convention attendee.

The Action Group booth will be showing up more and more frequently in the years to come at major events where we can introduce people to Rotary and to our Action Group. Watch for it and let our Chairman know if there is a large event in North America where you feel Rotary and the Action Group can benefit.

Karen Whisenhunt and Harriett Schloer



PDG Walt Schloer (D5110) and Action Group Secretary Harriett Schloer

Executive Committee sets Policy on Endorsements

We have had inquiries from our members requesting that our Action Group officially “endorse, sponsor, and/or support” developing projects and or initiatives (fund raising endeavors) being sponsored by clubs(s) or district(s) of our Action Group members. As there was no Action Group policy regarding this, it has been difficult for our leadership to address these requests. However, with the October 2006 RI Board of Directors requirement that the ByLaws of all Action Groups be revised to comply with the new RI Standard ByLaws for Action Groups, our Executive Committee has reviewed this matter and developed an endorsement policy based on the following ruling from Rotary International as provided to our Chairman.

Djenne Clayton, Corporate Counsel at RI has confirmed that it is “Inappropriate for a fellowship or Action Group to endorse a product because it may give the impression that Rotary International as a whole is endorsing a specific product / service / business, etc. and would therefore not be in compliance with RI Policy.” (This includes any initiative being sponsored by a Rotary club(s) or district(s) which purpose is to raise funds to purchase a specific product(s) for a specific use.)

Based on the above opinion and the October 2006 RI Board of Directors Decisions relating to Action Groups, and additional information provided by the RI Staff (use of Action Group name, logos, etc.) our Executive Committee on 12/13/06 adopted the following policy:

The Rotarian Action Group for Blindness Prevention shall not “officially endorse, sponsor or support” any product, project or initiative presented to the Action Group by an active member of the Action Group or other Rotarian and shall not approve the use of the Action Group Name and/or logo in conjunction with any such endeavor in advertising, promotional material, or other documents (including various media). These endeavors shall be posted on the Action Group web site on either the “Projects Seeking Partners” page or the “Developing Initiatives” page for interested individuals to pursue on their own with a disclaimer on each page clearly stating that the endeavor is not officially endorsed, sponsored or supported by the Action Group and that the posting of the endeavor is for information purposes only.

Until the RI Board of Directors approves endorsements of this type, our Action Group will continue to follow the guidelines as stated in the Manual of Procedure and the Code of Policies of RI. Following are two endeavors which have recently been presented to us.

COMMUNITY EYE CARE & RESEARCH CENTER



The “Community Eye Care and Research Center” was established in August 2000 as an eye care service organization in Rangpur, a district in northern Bangladesh.

The Center has a refraction outreach program; treats various diseases of the eye; offers a complete

surgical facility; performs cataract operations, provides training to volunteers and staff operating in the field and also provides low cost eyeglasses in addition to various other programs through outreach and in the clinic.



The Center depends on individual donors and TRF Matching Grants to provide its services. They have a brochure which details how you can become involved either through outright donations or a TRF-MG project. We have added this to our web site under “Projects Seeking Partners” because of the TRF-MG capability. By participating you will be helping to provide free cataract surgeries for those in need. For additional information please contact Dr. Khairul Islam, Executive Director of the clinic, at cecrc@tistaonline.com You can also visit their web site at <http://www.cecrc.org>

ROTARY OPHTHALMIC INITIATIVE (ROI)



The ROI, a project of the Rotary Club of Stevenage Grange (UK) and Rotary District 1260 supports VISION 2020 and the IAPB* and aims to eliminate blindness for millions of people by the year 2020. Facilitating the donation of low cost, pen-sized, lens-free ophthalmoscopes to eye care charities operating in developing countries, it provides a simple and cost effective way for Rotarians worldwide to help save the sight, lives and livelihood of many people.

The Optyse™ ophthalmoscope is being used for this initiative. Its simple design and ease of use means that the instrument’s diagnostic capabilities can be used readily in the field to detect both sight-threatening and other medical conditions such as diabetes, heart disease and cerebral malaria.



The Optyse™, which normally retails for \$95 (US\$) is being made available to the ROI for \$50 (US\$). They will be distributed free of charge to all recipients. No profit is realized by the RC of Stevenage Grange or any Rotarian as a result of this initiative.

For more information on this initiative, please visit their web site at <http://www.roisight.org> or contact Stephen Sypula at stephen@sgrc.org.uk You can download various documents and view videos related to the initiative on our Action Group web site on the “Developing Initiatives” page.

*International Agency for the Prevention of Blindness.

A New Plan for Joint Rotary-IFOS Scholarship

A program for young ophthalmologists from developing countries

The progress of Vision 2020 (www.v2020.org) makes it now necessary to intensify the post-doctoral training of young ophthalmologists. The Rotary Foundation (TRF), represented by Past Chairman Frank Devlyn (Mexico) and PDG Steve Brown (California), who manages TRF's Avoidable Blindness Donor Advised Fund (AB-DAF) has set up a Joint Endeavor with the International Federation of Ophthalmologic Societies (IOFS), now headed by President Prof. Bruce Spivey (California) and Treasurer Prof. Gabel (Germany). The new European Coordinator is PDG Prof. Fabio Dossi (Italy).

The Background:

1. IOL (Intra-Ocular Lens) high-quality cataract surgeries for poor people can now be made at very low costs : from \$25 (US\$) per surgery in India to \$40 (US\$) in Africa. Local eye surgeons are very proficient but need training on the most modern **equipment**, both for quality and for cost-effectiveness. The surgery and equipment costs are **shared** between host Clubs and supporting Rotary Clubs, TRF, local health authorities and international NGOs such as Operation Eyesight Universal (OEU, Calgary, Canada) which is a main supporter of our 100,000 cataract operations in India.
2. Many Rotary Clubs in India, Africa, Latin America have gained valuable experience in conducting **eye camps**, with the result that thousands of needy people can be efficiently **identified and transported** towards the competent centres and hospitals.
3. The resulting need is obviously to increase the number of well-trained young ophthalmologists committed to return to their country after 3-month training abroad. According to former IFOS-Treasurer PHF Prof. Gloor (Zurich), about 100 such Scholarships are required per year, each costing about \$6,000 (US\$). However only 50 are presently available, partly through IFOS' ICO US Foundation, partly because surgeons like Prof. Gloor and Prof. Naumann (Germany) generously contribute private funds to program. Hence the need to fund up to 50 **additional Scholarships** per year.

In 2005-06, European Clubs were able to contribute towards **12 Joint Scholarships** for young eye surgeons from Asia and Africa in hospitals in Europe, India, Brazil and the USA, incl. 4 funded by Clubs in Germany and 3 in Switzerland. To illustrate the merit of IFOS (Prof. Gloor and Prof. Gabel) in making possible these global Scholarships respecting heavy constraints regarding languages and medical specialisation, here are 3 recent examples, with repeated thanks to our European

Rotarian funding Coordinators and to ABDAF Coordinator PDG Steve Brown :

- One Scholarship for an eye-surgeon from **Mongolia** at the University Hospital of Bordeaux, **France**, funded thanks to PP Jean Viste, RC Golfe-de-Fos, D1760, France ;
- One Scholarship for an eye-surgeon from the **Maldives Islands** at the University Hospital Sap Paulo, **Brazil**, funded by 3 Clubs from **Portugal** and 1 from D1710 (**France**), thanks to PP Jorge Amaral AB Coordinator of D1970 (**Portugal**)
- Two Scholarships at the University Hospital of Ghent (**Belgium**) for eye-surgeons from **India** and **Mexico**, thanks to AB Coordinator Philippe Caron of D1620, **Belgium**.

Each Scholarship received \$2000 (US\$) from the AB-DAF of TRF and all young eye surgeons are required to present their plans and results to **both the host and the home Rotary Clubs**.

(Editors Note: This article is another in a series of valuable and informative articles from our Action Group member, Gabriel Minder, who serves as Rotary's representative at the World Health Organization in Geneva.)

Annual Meeting
of the Rotarian
Action Group for
Blindness Prevention
Monday
June 18, 2007
8:00 am—9:30 am
Salt Palace Convention
Center
Room 251C
Salt Lake City, Utah
(USA)

Refractive Error Blindness and its Outcomes



Editors Note: On occasion we are provided with a paper that can be of value to all of our members. We are pleased to include in this issue of "Visions" this paper by Dr. C. Ellis Potter, OD, FFAO which was recently published in the Kansas Optometric Journal

Refractive Error Blindness is the degree of visual handicap due to the lack of the best refractive correction.

In third world countries, Refractive Error Blindness is a problem of significant proportions both in terms of individual handicap and in terms of burden to society. Until the World Health Organization recently changed to the above definition Refractive Error was neglected as a leading cause of Blindness.

Inadequate statistics and the lack of uniform definition have slowed the acceptance and recognition of this cause of blindness. For instance, in many studies the world-wide incidence of refractive error has been based on the presenting acuity level at distance in the best eye. Presenting acuity could mean: no refractive correction, wearing prefabricated (store bought) glasses, wearing a pair of glasses passed on from a family member or friend, a pair of glasses found on the street or even an out-dated prescription made many years prior. As an example of ambiguity of the presenting acuity definition, a myopic person (nearsighted) that is 20/200 without glasses, who failed to wear glasses to the assessment would be considered blind. Yet with *best correction* they may be 20/20, function normally, lead a normal productive life and not be blind. To assess blindness adequately, the refractive error must be known.

Additionally, vision acuity levels to determine blindness are not universally accepted. In some studies 20/200 (6/60) was considered blind, while others defined blindness as 20/400 (3/60). Variability with age and function must also be considered to determine true refractive error blindness. A teenage 3 Diopter hyperope (a far-sighted individual) may be able to accommodate (focus) to see normally while a 3 Diopter Hyperope that is 60 years old would be unable to see 20/200 without correction. Further, because myopic, hyperopic, and presbyopic conditions change in degree with age, the statistics and data determined at one age are invalid for other age groups. For a fair assessment of blindness, only corrected acuity is valid.

The true incidence of refractive error blindness awaits future study. Some previous studies sample school children, who obviously are not a representative cross section of populations as a whole, not only because of age variables, but also because in many cultures significant numbers of children do not attend school. Some studies are conducted in clinics, schools and hospitals where people have particular problems which skew the sampling statistics. Other studies are based on statistics determined by school teachers, auto-refractors

or other paramedical professionals. To adequately assess refractive error versus disease caused blindness, trained ophthalmic personal must assess the refractive error with random controlled sampling.

The degree of refractive error blindness varies widely and affects all social and economic classes. Dandona and Dandona in a literature search, from minimally available information, determined that Refractive Error Blindness may vary from .40% (1 in 250) in China to .11% (1 in 900) in Australia.¹ Even in the United States the degree of refractive error blindness was .33% in blacks (1 in 300) and .24% in whites (1 in 414). Despite the low percentage, Dandona feels that uncorrected refractive error is the **second leading cause** of treatable blindness following cataracts.²

The degree of handicap secondary to uncorrected refractive error varies with the degree of refractive error, the individual's age and the requirement for vision. Vision acuity alone can not assess the degree of handicap. For instance, a 10 diopter myope may be "blind" when attempting to drive an automobile or count sheep but perform adequately to sew, write or do complicated tasks like repairing a watch. Then too, most observers know that vision acuity levels even better than 20/200 may not be adequate to function in many societies. Levels of vision of even 20/40 (6/12) may cause headaches, eye strain and inefficiencies to a degree that an individual can not carry out a task. Further, blindness due to refractive error has a profound effect on the quality of life and the role of the individual. In the west, we know that refractive error can affect an individual's demeanor and personality development. It may even affect career choices. Given these definitions and the degree to which they occur, the significance of refractive error inefficiency is many times greater than .36% as indicated by Dandona, et. al.³



Ellwein estimates that half of the visual impairment caused by refractive error remains uncorrected and given that the problem cuts across all social, economic, geographic, ethnic and cultural classes and it is a **world wide public health problem**.⁴

Further, the burden of refractive error blindness to society may be under appreciated in terms of "blind-person years." If a highly myopic 10 year old child has their best refractive correction until age 65 years, 55 years of blindness is avoided. A 55 year old individual, who is adequately corrected following cataract surgery, will have, at the age of 65, avoided 10 years of blindness. Dandona & Dandona in their article, suggest that "in terms of blind-persons years . . . the **burden on society due to refractive error blindness is about twice that due to cataract blindness**."⁵

The dilemma of Refractive Error Blindness is alleviation. The possible corrections include spectacles, contact lenses and refractive surgery. In many

Refractive Error Blindness (cont'd.)

underdeveloped countries, spectacles, while the least costly and simplest remedy, are still prohibitively expensive. Those living in urban areas have an advantage in availability and affordability of spectacles. The poor, in all areas, lack any advantage.

The challenge to all is how to alleviate the condition of Refractive Error Blindness. Recognition of the problem comes first with adequate screening. Trained personnel must determine the degree of refractive error. Low cost and affordable corrections must become available in all countries. Short term, many benevolent groups can help by providing trained personnel and materials. Long term, training personnel to determine refractive error must occur in all countries. The providing of low cost correction to those having significant refractive error must occur.



In summary, for many the handicap and effect of

Refractive Error Blindness has not been fully addressed or appreciated and the dilemma of providing low cost, technologically simple spectacles remains a challenge. Blindness, by any definition is a concern, a fear and a burden. Correctable Blindness is deplorable, whether it be due to cataracts, macular degeneration or uncorrectable refractive error.

References

- ¹ Refractive Error Blindness; Dandona & Dandona; Bulletin of the World Health organization, 2001, 79 (3)
- ² Blindness in Indian State of Andhra Pradesh; Dandona L, et al; Invest Vis Science 2001; 42(5); 908-916
- ³ Refractive Error Blindness; Dandona; Ibid
- ⁴ Review Article; Ellwein; Journal of Community Eye Health; Vol.15 No. 43, p 37-38
- ⁵ Refractive Error Blindness; Dandona; Ibid

WHO Report on Blindness Prevention

Editor's Note: The following article was published in the July 2006 issue of the District 3310 newsletter.

According to a World Health Organization (WHO) report published in April 2006, some 161 million people worldwide are visually impaired. Of these, 124 million people have low vision and 37 million are blind. The report concludes that up to 75% of blindness globally is avoidable. The report also notes that *"blindness and severe visual impairment have a significant impact on the socioeconomic development of individuals and societies ... [but] the resulting downward socioeconomic spiral can be reversed through widely available, appropriate, cost-effective preventive and curative interventions."*

More than 82% of all blind persons are 50 years of age or older and cataract is responsible for 50% of blindness globally. Chronic, noncommunicable diseases such as glaucoma and diabetic retinopathy cause 12% and 5% of global blindness, respectively. Childhood blindness, estimated at 1.4 million affected individuals, with the expectation of many years of life in that state, is the blight of many developing countries. Sadly, up to half of all cases of childhood blindness are preventable or treatable.

The Global Initiative for the Elimination of Avoidable Blindness, known as "Vision 2020 - the Right to Sight," was launched in 1999 as a partnership between WHO and International Agency for the Prevention of Blindness. Vision 2020 aims to eliminate causes of avoidable blindness by 2020 and to halt and reverse the projected doubling of avoidable visual impairment world-

wide between 1990 and 2020. Blindness plans have been formulated in 65 countries and are in various stages of implementation.

The RI District 3310 Avoidable Blindness Committee has ambitious plans for 2006-07. Several projects have been planned. "Cataract Surgery for the Poor" is a district project that provides surgery for 80 cataract victims awaiting financial help, with costs estimated at US\$40,000. The "Cambodian Eye Mission," a RC Singapore project, can be upgraded into a district project if funds up to US\$10,000 can be raised. Rotary clubs are encouraged to organize avoidable blindness forums and eye screening in collaboration with governmental or non-governmental organizations. "Seeing Eye to Eye" is a proposed joint project between the Avoidable Blindness Committees of RI Districts 3300 and 3310 to benefit people in Malaysia and Singapore.

Rotary clubs and Rotarians may participate in a range of public relations activities to promote awareness of avoidable blindness. They can participate in exhibitions and forums on avoidable blindness conducted by nongovernmental organizations and hospitals and the SightFirst Program of Lions Clubs International.

Let us make 2006-07 a successful year for the promotion of public awareness of avoidable blindness. As Rotarians, we are well placed to support communities in need. Let us Lead the Way to show what Rotary can do for our fellow human beings. Don't turn a blind eye to saving vision.

Launching a Vision 2020 Project by Networking



Editors Note: The following paper was provided to our Action Group Chairman, Dr. Ken D. Tuck, by our Action Group member Gabriel Minder, our representative in Geneva at the World Health Organization. We hope your will find it of interest and value.

A hundred years ago, the Paris-based "Les Ballets Russes" fascinated the world by combining artistic talents as diverse as those of Nijinsky, Picasso, and Stravinsky. With no pretension to equal fame, *Vision 2020* could also be credited with effective synergies in the field of Community Eye-Care and the "best practice" example provided below could inspire other initiatives to be based on international networking and partnerships.

In the April 2006 issue of IAPB News, Marijs Carrin, *Vision 2020's* Programme Resources Officer, highlighted synergies by partnerships as advocated by the UN's Millennium Development Goal Number 8 (MDG 8). That very approach is being already followed by Rotary Clubs in their efforts against Avoidable Blindness (AB), as already indicated in IAPB News of July 2004 and April 2005.

The present example of the *Dindigul Community Eye-Care* in Tamil Nadu, Southern India has been chosen from 24 projects supported in the last couple of years by Rotary Club Ferney-Voltaire, France (near Geneva), because it considers the diverse needs of a poor Community and could not have taken place without the *Vision 2020* approach.

In 2004, the Dindigul Society for Social Service and Child Care Trust (*SOSSACC*) had tried to present a Community Eye-Care project to local Health Authorities and to Rotary Clubs. These however could not be convinced to grant their support, although *SOSSACC* was already most credibly engaged in an important 2002-2005 project supported by Andheri Hilfe, Germany, for Community Based Services to Mentally Handicapped Children.

Meanwhile in Switzerland, after speaking before a Lions Club, Dr. Anita Eggmann, a Swiss ophthalmologist with previous experience at Aravind, Madurai, personally pledged about 840 USD to help such a Project. This news was relayed by Swiss Rotarians to the Rotary facilitator in Geneva. He asked WHO-Consultant Dr. R. Pararajasegram, the Father of *Vision 2020* (in 1999) and a honorary Member of the above Rotary Club Ferney-Voltaire for advice how to lead Indian Rotarians into reconsidering their position towards the *SOSSACC* request. He suggested to the Lions Aravind Institute of

Community Ophthalmology (LAICO) that they might want to help *SOSSACC* make their project more attractive by embedding eye-care professionally into the other Community needs. Thus, the ambitious aim to enable a population of 130,000 to benefit at low cost from quality eye-care services made the subsequent follow-up appear as both credible and very challenging.

The comprehensive plan was then submitted for ca. 1.26 million Rupees \$29,390 (US\$) jointly by *SOS-SACC* and Aravind to the regional Rotary Governor in Tamil Nadu. Together with his own Club Tiruchirapalli Rockcity, he could pledge \$1,200 (US\$) This prompted the French Club to justify raising \$8,300 (US\$) (28% of the total needed) and to obtain moreover another \$7,200 (US\$)(25%) from Rotary Club Gent, Belgium, which thus became the Principal International Partner in submitting the matching application to the US-based Rotary Foundation (TRF). The two Clubs had already cooperated previously against AB in Mexico with good results. Therefore TRF in Illinois, USA, as well as its specific California-managed AB Sub-Fund, found that its matching rules now permitted to pledge the last and most important \$11,850 (US\$) (40%). These amounts do not include most valuable Aravind medical contributions, nor the personal expenses of benevolent Rotarians.

This exercise was achieved exclusively by e-mail over the whole of 2005, without involving any travel expenditure and officially launched on March 4, 2006 in Sanarpatty, one of the 164 Dindigul villages concerned.

Many other much larger projects could of course be mentioned, starting with the 100,000 Intra Ocular Lens surgeries being jointly funded in 2006-07 for India by Rotary and OEU, Canada. What this paper modestly attempts to show, is that humanitarian globalization can be very cost-effective for smaller projects too. Indeed, is networking over 14 Time Zones, from the Bay of Bengal via Europe to the Pacific Ocean, not a stimulating example for *Vision 2020* in the spirit of Millennium Development Goal Nr. 8 (Partnerships) ?

So, for the benefit of future projects, let the main **Lessons Learned** be summed up as follows :

1. The **Internet** is a definite and obvious prerequisite for efficient networking. It should be combined with a few introductory or complementary phone calls. Concise **project drafts** should be established, dated, numbered, circulated and reviewed very conscientiously.
2. **Leverage** can be reached by approaching potentially interested supporters in the **right sequence**, i.e. demonstrating to each of them that support has

Launching a Vision 2020 Project . . . (cont'd.)

already been pledged by other "up-stream" sources. In the above example, the contributions came in the following order : 7% seed-money (3% + 4%) + 53 % from the main sponsors in Europe (28% + 25%) and 40% matching from the USA = 100%. Therefore **leverage factors** range from 2.5 (for the matching sponsors) to 4 (for each main sponsor), to 25 (for each of the seed-money provider), in direct relation with the diminution of the risk taken at each step as the fund-raising process progresses.





3. **Community projects** will become more and more important with increasing awareness for domains affecting whole populations, like environment (water-supply), hygiene, vitamins, care for mother and child, primary education, etc. This complexity has to be approached more and more holistically and not just by unrelated separate projects.
4. **Involvement of local Health Authorities** therefore becomes increasingly important : external help should be mostly provided in the frame of corresponding national efforts. On 27 May in Geneva, the 59th World Health Assembly strongly urged all Member States (in Doc. WHA 59.25, § 1.5 and 1.6) "*to encourage partnerships between the public sector, NGOs, the private sector, civil society and communities in programmes and activities for*

prevention of blindness at all levels"; and "to develop and strengthen eye-care services and integrate them in the existing health-care systems at all levels, including the training and retraining of health workers in visual health."

Acknowledgments:

- Dr. Anita Egmann, Bremgarten, Switzerland
- Chairman P. Pounraj, SOSSACC Trust, Dindigul, Tamil Nadu, India
- Dr. Thulasiraj Ravilla, Executive Director, LAICO (Aravind), Madurai, Tamil Nadu
- Past Governor M. Elangovan of Rotary District 3000, Tamil Nadu
- President Sivarama Krishnan of Rotary Club Tiruchirapalli-Rockcity, Tamil Nadu
- Past IAPB President and Honorary Rotarian Dr. R. Pararajasegram, WHO, Geneva
- Past President Dr. Jacques Beugnet, Rotary Club Ferney-Voltaire, France
- Past President Philippe Caron, Rotary Club Gent, Belgium
- Past Rotary District Governor Steve Brown, Del Mar, California, USA
- The Rotary Foundation staff in Delhi, in Zurich and in Evanston, Illinois, USA

Calendar of Future Events, Meetings & Workshops

February 23, 2007	National "Sunnies for Sight Day", http://www.sunniesforsight.org sponsored by the International Center for Eyecare Education (ICEE)	
March 14-16, 2007	Inaugural World Congress on Refractive Error http://www.icee2007.org.za Durban, South Africa. Hosted by the International Center for Eye Care Education (ICEE)	
April 14-15, 2007	Unite for Sight 4th Annual Conference http://www.uniteforsight.org Stanford University School of Medicine - Palo Alto, California (USA)	
June 17-20, 2007	RI Convention in Salt Lake City, Utah (USA), including a Blindness Prevention Workshop Salt Palace Convention Center http://www.rihost2007slc.org	
October 11, 2007	World Sight Day - http://www.v2020.org Coordinated by VISION 2020-The Right to Sight and the International Agency for the Prevention of Blindness and the World Health Organization	
November 10-13, 2007	American Academy of Ophthalmology - http://www.aao.org New Orleans, LA (USA) - Convention Center	 
June 28-July 2, 2008	World Ophthalmology Congress - http://www.woc2008hongkong.org/ Hong Kong	

DG Leads District to \$30,000 Donation to the AB-DAF

Editor's Note: At our 2006 Annual meeting held at the Bella Center in Copenhagen, Denmark, our organization voted to send an expression of thanks to then DG William (Bill) Peloquin and Rotary District 5320 for their \$30,000 contribution to The Rotary Foundation's Avoidable Blindness Donor Advised Fund. PRIP Frank Devlyn learned of Bill's Campaign and his challenge to the Rotarians in his District and he wanted to be sure that Bill and the District would be recognized. Bill was asked to write the following article.



PDG Bill and Wilma Peloquin (D5230) at the 2006 RI Convention in Copenhagen

stand?" But as they persisted, and after a discussion with my wife, Wilma, and much prayer, I said yes. The application and selection process was a story in itself, but suffice it to say that I was selected to serve in 2005 - 2006.

At every opportunity, I stressed the plight of those without sight and that the World Health Organization considers visual impairment as one its seven global challenges. From pre-PETS to PETS (President-Elect Training

Each year the District Governor Elect (DGE) ponders his or her message to the clubs, his district project, and his ability to make a difference in the lives of those that he serves in his community and in the world. They reflect on the experiences of life and the experiences of Rotary that have brought them to this opportunity to serve in a leadership position. As I reflected on my 35 years as an ophthalmologist, 21 years in the U.S. Navy, and sojourns with the International Eye Foundation in such garden spots as Harar, Ethiopia in 1976, and Cairo, Egypt in 1981; my choice of a district project seemed predestined. These personal experiences, coupled with frequent Rotary exposures to PRIP Frank Devlyn and his charismatic way of telling the story of global blindness, sealed my decision of a district project: Preventable Blindness (PB) it was. In contemplating how to share my vision and my passion for PB, I kept hearing Frank say, "Tell them your story," so tell them I did.

"My story" began in 1999, when God spared me from a heart attack even though I was ignoring the symptoms of five clogged coronary arteries: 2 at 95%, 2 at 98%, and 1 at 100%. Most people do not survive at that level of obstruction, let alone continue to do eye surgery and mow the lawn. Did it cost me a rib, an arm and a leg?, no only a right radial artery, a mammary artery, and three small pieces of vein from my leg. After 5 hours of surgery and months of rehabilitation, I was as good as new. After a life changing experience like this you have a different sense of purpose, but I was unsure of the direction of that purpose. In the spring of 2003, several past presidents from my Fullerton Rotary club, a couple of AGs, and PDG Jim Young (aka Paul Harris) approached me with the request that I run for DG. My first response was, "What is it about slowing down that you do not under-

Seminar), at District Assembly, in my Governor's speech, and at every monthly Presidents' Meeting, I continued to educate those in attendance about those who are less fortunate. I told them the statistics, that there are 37 million blind people in the world and another 124 million with reduced vision. 90% of these people are in developing countries, and 80% of the diseases are either preventable or curable. 47% of blindness is caused by severe cataracts, mostly in Asia and Africa. I asked them to close their eyes, and imagine going through life like this: never seeing their children or their grandchildren, never seeing a sunrise or a sunset, and never seeing the beauty of God's nature. I shared with them Helen Keller's quote that, "The most pathetic person is one with sight and no vision."

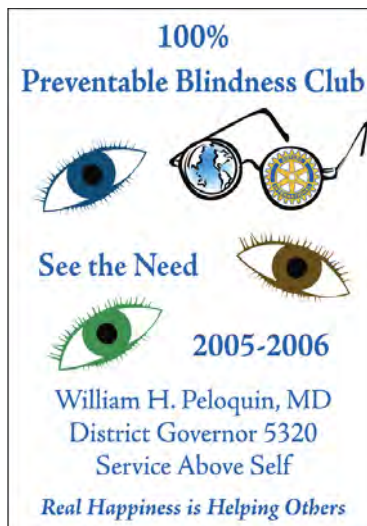
I asked my clubs to share my vision, by each member donating a minimum of \$25, the cost of one cataract surgery in India. I challenged them by asking who would be unable or unwilling to give \$0.50 per week to restore the sight of a fellow human being? Together our district raised over \$30,000 for Blindness Prevention which was then donated to the Avoidable Blindness Donor Advised Fund of the Rotary Foundation (*Editor's*

Note: These funds will be disbursed in \$2000 increments and will be used to help fund Rotary Foundation Matching Grants for Blindness Prevention or other Eye Care Projects.)

Wilma designed a banner to recognize the clubs who participated at near the 100% level. The banners were presented to the club presidents at the monthly District Presidents' Meeting.

I encourage our clubs and you to continue to support the Rotary Foundation. God bless you and God bless Rotary.

*PDG Bill Peloquin (2005-06)
District 5320*



The AB-DAF . . . Helping to Fund Eye Care Projects

Editors Note: Todd Lindley is a Rotarian in Rotary District 6060 (Missouri, USA). He serves as the District's Rotary Foundation Chair and Grants Chairman. He has had experience with obtaining contributions to TRF Matching Grants from the Avoidable Blindness Donor Advised Fund and the impact that those funds can have on a Matching Grant. Board member PDG Steve Brown, asked Todd to write this article to share some information on what a donation of US \$25,000 or more could do in the area of Avoidable Blindness. This will help you understand the importance of the \$30,000 that PDG Bill Pelouquin's district raised and then donated to the AB-DAF. (Article on Page 10).

As you likely know, blindness due to cataracts among the poor is very common in many countries. It is most common among the older population but occurs at some level from birth throughout life due to many different reasons. For the expert ophthalmologist with the proper equipment it is a fairly routine surgical procedure to remove the cataract involved lens and replace it with a new intra-ocular lens. Very often, the patient not only can see again, but often has a very high quality of vision. Amazingly, while this procedure often costs from \$3,000 - \$6,000 here in the US, it is often performed by volunteer ophthalmologists in developing countries at a cost of less than \$30, sometimes for as little as \$22 or even less.

So, you can see that simply buying \$25,000 worth of cataract surgery supplies can help give "Rotary's Gift of Sight" to anywhere from 800 to over 1,100 poor blind people. However, a real miracle occurs when that money is donated to the Avoidable Blindness Donor Advised Fund (AB-DAF) of The Rotary Foundation. When that money is donated to the AB-DAF, it can be used to add to funds from other Rotary Clubs and Districts around the world as they write Rotary Foundation Matching Grant applications. \$2,000 from the AB-DAF can be approved to be given to Matching Grant projects funding cataract surgeries and other eye care projects. Additionally, The Rotary Foundation provides a 50% match to the AB-DAF contribution, so that another \$1,000 is added to the project.

For example, my District 6060 has written an eye surgery matching grant application this year in partnership with a district in India, another district in Missouri, one in Illinois and one in Kentucky. The AB-DAF has contributed \$2,000 to the project. The donations from each district and the AB-DAF have been matched by The Rotary Foundation to become a total of \$44,000 which will help 2,000 blind people in India District 3160 to see again.

In this way, the \$25,000 donation to the Avoidable Blindness Donor Advised Fund can enhance projects being

managed by Rotarians in many countries, perhaps as many as 12 or 13 different projects like the one I have described. These projects could fund a few hundred or several thousand eye surgeries or other eye care projects. This could lead to 26,000 or more blind individuals being able to open their eyes and see again. Being able to see their grandkids for the first time . . . being able to see to cook for themselves and clean their dwellings. For the young people, being able to see to learn to read and write and receive an education.

It is important to remember that while India, due to its poor living conditions and poor nutrition of its poor population has a huge number of surgeries being performed, we are also funding eye surgeries in many other countries, such as Argentina, Bangladesh, Kenya, Pakistan, and Thailand. There is great need in Africa, Mexico, South America and many other places as well.

So, a donation to the AB-DAF will be multiplied by being added to donations from other Rotarians, Rotary Clubs, Rotary Districts and matching funds from The Rotary Foundation to help Rotarians help ten or twenty times as many people as the money could do by itself. This is truly a miracle.

If you have any questions, please do not hesitate to write me at LINDLEYDDS@PRIMARY.NET

*Todd Lindley
St. Louis, Missouri, USA*

Do you want to learn how to submit a well-written Rotary Foundation Matching Grant? Watch for information on our web site for the date and time for our Blindness Prevention Workshop during the 2007 RI Convention in Salt Lake City. You'll leave with all of the tools needed to write and submit a TRF-MG . . . AND . . . learn how the AB-DAF can help as well.

Minutes of the 2006 Annual Meeting of the IECFR)

DRAFT MINUTES

of the Annual Meeting of the
International Eye Care Fellowship of Rotarians
(now the "Rotarian Action Group for Blindness
Prevention") Wednesday, June 14, 2006 - Bella Center
RI Convention - Copenhagen, Denmark

The meeting was called to order by Fellowship Chair, Dr. Ken D. Tuck who welcomed all present and then introduced the officers and Board members.

Minutes: The minutes of the 2005 Annual Meeting were unanimously approved as printed and provided to all in attendance.

Treasurer's Report: As the Fellowship Treasurer, Dr. David Gallagher, was not present in Copenhagen, he provided a written financial report that was presented by the Secretary. The report was unanimously approved as printed by all members present at the meeting.

Secretary's Report: Fellowship Secretary, Harriett Schloer, presented the following report on the Fellowship's membership:

- Members as of June 1, 2006 193
- Members registered during the 2006 Convention 4
- Total number of Registered Members 197

Fellowship Newsletter: It is the desire of the Fellowship to have a quarterly newsletter with articles based on the work that the fellowship's members are doing around the world. The Chairman discussed the appropriate format for submitting articles and items for inclusion in the Fellowship Newsletter . . . "Visions" in order to insure they will be published. The following guidelines must be followed if fellowship members wish to have their articles included.

- Submit all articles in Microsoft Word format
- Send the Word document as an attachment to Email (not as a part of the email itself)
- Photos which are to be included with the article also need to be sent as attachments to email (not included as part of the Word Document)
- All items are to be submitted directly to the Chairman for review prior to publication. The chairman will then forward all approved items to the Secretary to produce the newsletter.
- Articles sent as an email message only will not be used

Someone asked why the fellowship even needed a newsletter. The secretary stated that as a Rotary Fellowship we are REQUIRED to produce at least one newsletter annually in order to retain our fellowship status. The Secretary must submit a copy of this newsletter(s) to RI

when filing the annual fellowship report.

Fellowship Web Site: A discussion was held on the proper format for submitting items for posting to the Fellowship web site. The Chairman stated that the same format needs to be followed for submitting items for the web site that is used when submitting items for the newsletter. However, items for the web site can be sent to either the Chairman or the Secretary who also serves as the fellowship's webmaster. Once again, Email messages will not be accepted for inclusion.

New Business

1. **Becoming a Rotary Action Group:** After discussion it was moved and seconded and unanimously approved that the Eye Care Fellowship be converted to a Rotarian Action Group. The actual name for the group will be left to the Board to decide. Once the new name as been selected, the Secretary will inform Rotary International and will process any and all paperwork necessary to make the change. As the 2006-2007 RI Official Directory has already been printed, the IECFR will not appear as a RAG until the next Rotary year.
2. **Participation in the AAO Convention:** One of the fellowship members asked why the fellowship participates with a booth at the annual American Academy of Ophthalmology Convention. It was explained that it gives the fellowship excellent exposure to tens of thousands of Ophthalmologists and suppliers of products used by them and that we are able to develop partnerships and recruit volunteer doctors for projects and get items donated. Those present agreed that this participation should continue in the future as it is beneficial to the overall work of the Fellowship.
3. **Custom Booth for Fellowship Use:** A discussion was then held on the feasibility of purchasing a custom-built booth that could be used for all future conventions in North America as well as the annual AAO meeting and various Zone Institutes. The cost would run between \$1500 - \$2500. The Secretary will work with various companies to get bids on the booth. In order to decrease the cost, the bid will be joined with two other Rotary booths for conventions in order to get a price break. The Secretary and Chairman will make the final decision on the booth. This was unanimously approved by the fellowship.
4. **An invitation for membership in the International Agency for the Prevention of Blindness (IAPB).** Chairman, Ken, stated that we had been invited to become a member of the IAPB. A discussion took place on whether or not a Rotary Fellowship could, indeed, "join" a group such as this. Honorary Chair, Frank J. Devlyn, stated that he would check with Rotary International on the feasibility of this. There is a

Minutes of the 2006 Annual Meeting (continued)

\$1000 annual cost and the question of financing this cost was also discussed. The group present agreed that if we could find funding for this membership on an annual, we should become a member. However, the matter was referred to the Board pending a response from Rotary International to determine whether or not we should become a member of this organization.

5. **Promotion of new members to the Fellowship:** A discussion was then held on how to best promote membership in the Fellowship / RAG. It was decided that we need an individual who will serve as the Fellowship Membership Chair. As there were no other volunteers, Board Member, Patrick Devlyn, agreed to fill this position. Ways of growing the membership will be handled by the Board.
6. **Interface between IECFR and The Rotary Foundation and the ABDAF:** It was discussed how best to help individual eye care projects with funding from The Rotary Foundation with additional funding support from the Avoidable Blindness Donor Advised Fund. Board Member Kula moved, and Board Member Rekha seconded that ONLY projects which are sponsored by a member of the IECFR should be granted funding from the ABDAF. Motion carried with one no vote from the Secretary. The decision of the IECFR shall now be referred to PRIP Frank Devlyn. *(Secretary's Note: The ABDAF is not controlled by the IECFR and the IECFR cannot make decisions of this nature regarding the fund. The ABDAF was set up by PRIP Frank Devlyn, who, along with the fund manager PDG Steve Brown are the only individuals who can determine which projects will be provided with ABDAF funding. The IECFR in making their decision needs to "refer" this decision to PRIP Devlyn for consideration . . . not implementation.)*
7. **WHO and blindness prevention:** A discussion in participating in the World Health Organization's Blindness Prevention program was tabled until the 2007 annual meeting when we would have additional input to present to the members.
8. **Special recognition for District 5320:** Chairman Ken recommended that a letter of appreciation be sent to DG Bill Peloquin and District 5320 for their contribution of \$25,000 to the Avoidable Blindness Donor Advised Fund. All agreed that the letter should be sent. The Secretary will prepare it for the Chairman's signature.
9. **Other issues of interest and concern to the membership.** Board Member Rekha Shetty presented a brief report on the Avoidable Blindness work being done in her area of the world. At the end of her

report, Chairman Ken recommended that all such reports would be much more appropriately presented in writing by each of the Board members so they could then be placed on the Fellowship web site for everyone to view.

10. **Date and location of the Fellowship's 2007 Annual meeting:** The next annual meeting of the Fellowship / RAG will be held during the Rotary International Convention in Salt Lake City, Utah in June of 2007. The Chairman and the Secretary will prepare all paperwork to get the meeting on the Convention Schedule. Once confirmed, the date will be posted on the Fellowship / RAG web site.

Other Business: The Chairman announced that the 2006 Board meeting would be held immediately following the Fellowship Annual Meeting.

Adjourn: As there was no further business, the meeting was adjourned one hour after it started in order to clear the room for another fellowship that was holding its meeting.

Respectfully Submitted,



Harriett Schloer
Action Group Secretary

Annual Meeting
of the Rotarian
Action Group for
Blindness Prevention
Monday
June 18, 2007
8:00 am—9:30 am
Salt Palace Convention
Center
Room 251C
Salt Lake City, Utah (USA)

Clubs and Districts Perform Service in 2005-2006

As stated by our Chairman, Dr. Ken D. Tuck, MD in his message in this issue, during 2005-2005 there were many eye care projects initiated and completed by the clubs and districts of the members of our Action Group. We received several photos and were able to include summaries of all of these projects in our annual report to Rotary International. Unfortunately there were too many reports to include in this newsletter but are including a few of them along with some great photos.

Congratulations to all of the Rotarian Action Group members who initiated and completed Blindness Prevention projects during 2005-2006. You are truly a credit to our organization as you live the Rotary motto of "Service Above Self" and fulfill the motto of our Action Group . . . *"The Gift of Sight . . . Protect it, Save it, Restore it."*

SHIVAJI, INDIA

The RC of Pusad (India) and the Inner Wheel Club of Pusad arranged a free eye screening camp at K.D. High School in Shivaji. Dr. Umest Rewanwar examined 1000 students. 42 students were detected as having low vision and 2 as having corneal opacity. One was selected for cataract surgery.



Students at the Shivaji, India Eye Camp await screening

COYHAIQUE, CHILE

Refractive Error Blindness and vision inefficiency were alleviated and minimized by a cooperative project between the Rotarians of District 6110 (KS, MO, AR & OK, USA) and those of Coyhaique (and vicinity) of District 4350 in Chile, South America. Six Optometrists and Ophthalmologists and sixteen auxiliary personnel (mostly Rotarians) traveled in March 2006 from the USA to the Southern part of Chile to examine 1400 under-privileged patients, providing them with free eye exams, donated eyeglasses, medical treatments and medicines. Dr. C. Ellis Potter, Optometrist and team leader from District 6110 stated: *"We were amazed at*

the large numbers of people who had had no eye exams and as well lacked correction for high degrees of myopia, hyperopia and astigmatism". The financial efficiency of this project was maximum: the glasses were donated at no cost, the American team paid their own expenses, the host Rotarians provided local transportation, meals and lodging and the patients paid nothing. Along with helping people with vision efficiency, this project provided a one on one ambassadorial experience, where team members got to know and appreciate the lifestyle and culture of their hosts. Additionally, it provided each team great insight into the brotherhood and fellowship of their Rotary counterparts.

HOOGHLY, INDIA

Six Rotary clubs in 5 Districts joined together to purchase a bus to provide transportation for patients in the remote villages surrounding the community of Bansberia, Hooghly, India. There is a Rotary eye hospital in Hooghly that serves the needs of those in the community and the surrounding villages. It is an invaluable resource for the people of this area.



Bus provided to the Rotary Eye Hospital in Hooghly

CATARACT SURGERIES IN INDIA

2000 cataract surgeries were funded through a Rotary Foundation Matching Grant. Cataracts were removed and Intra-ocular lenses were implanted. India District 3160 was the project sponsor with the Rotary Club of Monticello, Illinois, USA, D6490 as the International sponsor club. Funding came from India District 3160, Missouri Districts 6040 and 6060, Illinois District 6490 and Kentucky District 6710. In addition, the Avoidable Blindness Donor Advised Fund contributed to the project which was funded and successfully completed.

2005-2006 Action Group Service Projects

EYEGASSES FOR MAYAN VISION PROJECT



Pictured above are the students and teachers of the Frederick County Board of Education's SUCCESS Program in their Walkersville, Maryland school. The 18 to 21 year old special needs students in this job and life skills education program have worked bi-weekly on the Old Glasses for New Eyes Program for 3 years with Rotarian Bob Martin (blue shirt, front row). As a part of the larger Mayan Vision Projects, they sorted, counted and packed the nearly 80,000 used eyeglasses recently delivered for the new clinic there.

CELEYA, MEXICO

The Rotary Club of Santa Barbara Sunrise (USA) participated in a Cataract Surgery Project in Celaya, Mexico. The project was funded by a Rotary Foundation Matching Grant in cooperation with the RC of Celaya Nat-Tha-Hi. The grant covered 60 cataract surgeries and a Phaco machine.

A group from Santa Barbara Sunrise traveled to Celaya to participate in the clinic. Doctors from USA and Mexico were working together hand to hand to provide the needed medical care to each patient.

The opening of the clinic building and start of surgeries were supported by Nat-Tha-Hi Rotary Club members. The Rotarians were given the opportunity to enter the surgery area and provide assistance in sterilizing instruments, prepping patients for surgery, dealing with the post-op hydrating, resting and otherwise took care of the patients as they arrived from surgery until they were delivered to waiting cars and taxis for their rides home.

JANUKPUR, NEPAL

Rotary International District 1990 (Western Switzerland) donated \$145,000 (US\$) to acquire essential instruments, equipment and a patient-bus for the Nepal

Red Cross's *Shree Janaki* eye hospital (SJEH) at Janakpur, East Nepal. Each year, SJEH restores the sight of over 6,500 individuals by performing surgery made mainly necessary by poverty-induced Cataract and Trachoma. In addition, over 125,000 people receive clinical and educational services, for which the bus has proven very important to reach remote populations. The Rotary Club Janakpur also assists SJEH in the frame of the joint eye care programs of the Swiss Red Cross and of the Nepal Red Cross.



Ubun Ratchathani and Amnat Charoen

Matching Grant 59596 provided free cataract surgery for 600 patients in four separate surgical missions. The main sponsors of the project were Jan and Renee deVaun from the Netherlands who had previously sponsored four large projects, including two for Cataract Surgery. A surgical team of 19 specialists from Bangkok, Thailand participated in the various missions. Their specialized equipment had been shipped earlier. All surgeries were performed on weekends and holidays with the hospital surgical theaters were available. Recovery rooms were set up in auditoriums and in hallways. The photo below shows the "Opening the Eyes" ceremony when the eye patches are removed and patients return home to recover with patient bags, sunglasses, instructions and medications. A unique experience for all!



Our Mission . . .

It shall be the mission of the Rotarian Action Group for Blindness Prevention to:

- Bring together, in fellowship and service, those Rotarians and Spouses and Rotaractors who have an active interest in the prevention of blindness and the promotion of eye health and vision worldwide.
- Provide both a platform and a forum to discuss ideas and develop appropriate cooperative programs to further our shared goals.
- Promote international understanding and peace through our common purpose and efforts.

QUALIFICATIONS FOR MEMBERSHIP

Action Group members must be Rotarians in good standing, spouses of Rotarians in good standing or members of Rotaract in good standing. They may be eye care professionals (ophthalmologists, optometrists, opticians) or other individuals interested in blindness prevention and eye care.

Annual membership is \$25/year or you can become a **Lifetime member** for \$100 and never pay dues again! **JOIN TODAY** on our web site at <http://www.rag4bp.org>

Seeking Help

The RAG for Blindness Prevention is interested in expanding the promotion of eye health and vision worldwide. Our organization has regional representatives and coordinators that work with our Board and officers to develop various eye care projects.

If you are interested in becoming part of this worldwide network of eye care volunteers, please contact our Chairman, Dr. Ken D. Tuck or our Secretary, Harriett Schloer and let them know of your interest. Their email addresses are as follows:

Ken D. Tuck, MD

Email: kendtuck@aol.com

Harriett Schloer

Email: in2dtp@empnet.com

The Blindness Prevention Action Group at work around the world



Conferences
Eye camps,
500,000+
Cataract
surgeries,
Scholarships
Eyeglasses,
World Sight
Day,
Matching



Grants,
Conventions,
the AAO.



All of this is
the RAG4BP.
Become part of
it. Join us in
helping to
preserve sight.

