

A "grassroots" trainee works with a patient.

Grassroots optometry: Toward self-sustainability

By Erik Weissberg, OD, Associate Professor of Optometry, New England College of Optometry, and Heather Zornetzer

Current efforts to provide eye care to under-served communities in developing nations are valuable, but often lack the element of longterm community self-sustainability. Although the model whereby visiting clinics are organized to bring a group of foreign professionals into one or two communities with the goal of treating as many patients as possible is effective in treating certain kinds of acute problems, this "blitz" approach is a band-aid of sorts. Working with the philosophy "Give a man a fish and feed him for a day, but teach a man to fish

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VOSH-NY collaborates with SEE

by Jorge Won, OD, president, VOSH-NY

Since VOSH-New York got underway in 2001, our modest aspiration has remained to try to provide complete eye care to the needy during any mission. We understand that some VOSH chapters prefer to provide only routine exams/refractions, and then eyeglasses if needed. We respect that model, yet prefer to also include secondary and tertiary eye care.

We have been fortunate in our private practice in New York City to be working and co-managing with ophthalmologists for quite some time. It did not take much to convince Dr. David

Gorman, an eye surgeon friend, and other ophthalmologists to be a part of our dream.

It seems like yesterday when we began

organizing our inaugural mission to Peru for the summer of 2002. A small cadre of loyal mentors from other VOSH chapters shared their contacts and helped us get started. Thus it was not that difficult to secure used eyeglasses, mainly from a Lions Club Eyeglasses Recycling Program, nor to obtain donations from the phar-

maceutical companies. We were three optometrists and one surgeon ready for this first adventure, yet we needed to learn fast

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Left-r: Volunteer Jessica Lamos, VOSH-NY founder Jorge Won, OD, 5 surgical patients and Luis Arevalo, MD, a SEE affiliate, in Pisco, Peru.

FVI: New honorary award program underway

by Stuart Frank, OD, VOSH-Northwest

No organization can thrive without the dedication and support of its membership. In an effort to acknowledge and to honor those members who have demonstrated a commitment to the goals of V/I, the Board has voted to establish the "Fellow of VOSH/INTERNATIONAL" designation (FVI).

In addition to recognizing individuals who

have already made significant contributions to our organization, the fellowship (FVI) honor is also designed to encourage others to pursue the acquisition of knowledge, skills and experience necessary to successfully meet the global challenge of preventable blindness; to foster the development of future leaders prepared to meet that challenge; and to prepare individuals who may be asked to consult with governmental agencies, educational, private, or public institutions, and the media on issues related to the mission of V/I.

To achieve the FVI recognition, members are invited to submit applications to the FVI Program. Components of the fellowship process are:

- Complete an Application for Fellowship;
- Demonstrate a commitment to the mission of V/I;
- Successfully complete a written examination and an oral interview, to be given at the V/I Annual Meeting.

To request further information and/or an application, write or e-mail V/I Secretary-Treasurer Charles Covington or any other Board member. Names, addresses, e-mails are listed on page 8.

ORLANDO SCRAPBOOK: Since the WCO, the AOA and V/I all held meetings during the same week in June, representatives from Spain, Peru and Ghana were able to join us for a portion of our annual meeting. Everyone cheered as VOSH-KNUST (Ghana) was voted a new Chapter. (See article p. 4). Pictured (Left-r) Mohammed Kabir, of the Optometry Faculty at Kwame Nkrumah University of Science & Technology (KNUST), John Randall, former WCO Fellow to KNUST who is now a professor at Pacific University, Angela Amedo, also of the KNUST Optometry faculty, and Okechukwu Anyanwu of Jadvick Eye Care Services and the Pro-Nigerian Optometric Association. For further coverage of the V/I Annual Meeting, see pages 2, 3, 4, 5.



From the President's desk ...

Consider an alternate mode of eyecare delivery

Greetings VOSHers and Friends,

VOSH/INTERNATIONAL has a lot going on as you can see from articles within this newsletter and by visiting www.VOSH.org.

Rather than restate VOSH news, I'd like to open a dialogue with you regarding an alternative model of eye care delivery in under-developed countries, one that we may want to blend into our eye care missions. (See related feature on page 1.)



Dale Cole, OD

Presently when we go on a mission, our goal is to help as many individuals as possible in the amount of time allotted. Those individuals not evaluated have no way to receive help unless another team returns to their area. For sites where there are permanent clinics, this is not as much of a concern. It can be a real problem for individuals living in remote areas.

Over the past few years we have heard from speakers at our annual VOSH meetings and from e-mails from around the world voicing a common concern: How can VOSH/INTERNATIONAL make its program more self-sufficient for third-world countries?

Many organizations and individuals who work daily with the third-world population, are promoting the idea of mission teams taking the time to effectively train local health care providers in very basic refraction and health evaluation skills.

I have corresponded with Dr. Jerry Vincent, OD, MPH, Blindness Prevention Consultant for the International Rescue Committee, on several occasions. He has experienced eye care missions worldwide and he makes several good points in support of training locals to do refractions:

1. Visiting teams that provide direct clinical care do not make a significant statistical contribution in reducing the global burden of refractive error. The need is over a billion. Training, on the other hand, allows for reaching much larger numbers of people and for faster expansion of services.

2. A program with an unending need for imported expertise is not sustainable; it simply fosters a dependency.

Those individuals and organizations that have been training local semi-skilled health workers state that these individuals can learn to do refractions and make appropriate assessment of the health of the eye. It should certainly be understood that not all needs for the patient can be taken care of in this manner.

Some of you may raise questions:

What if I don't feel comfortable training and want to serve just as I have always done?

First of all, simply because "We have never done it that way," doesn't mean there might not be potential for success. If you don't feel comfortable doing training, then you can still do your excellent work as before. Some of you will find satisfaction in training others. We would still have our mission teams, but a



NEW APPOINTEES: Newly sworn-in leaders of the V/I board include three women. Center: Ruth McAndrews, OD, of VOSH-Iowa is the first woman selected to be president-elect; Left: Sandra Bury, OD, of VOSH-IL and Right: Patti Fuhr, OD, of VOSH-AL, were named vice-presidents.

"new specialty" would be added to the mix.

How will we get glasses, supplies to them? That will be an issue to work through. The excess glasses left behind may be a start and we might take extra glasses to leave for this purpose.

How can they become good refractionists with little training? Remember, we are hoping they can fill some of the basic needs of near work, simple refraction problems, and determining such things as dense cataracts. We aren't striving to make them "Jr. optometrists" to solve all the problems of the community.

Who would they consult with for problem patients? The same question could be asked of us. To whom would we refer for further care in their community?

Can they cause more problems by giving the wrong glasses? Again, this is the same situation for us. How accurate do you feel your prescribed glasses are by the last day when supplies are slim pickings? If we were to train someone in basic refraction, they would be there to possibly help patients having difficulty with a new Rx. They would be available to try to serve those we were unable to see.

In conclusion, training local individuals could have some real merit. It certainly won't replace the work we now do but it can certainly work in tandem with our present system. See the News Page of our website (www.VOSH.org) for further details and assistance regarding training local health care workers and others.

What's your experience? Your opinion? Let me hear your thoughts and let's keep our minds open to new challenges for the betterment of the visual welfare of the less fortunate.

Dale K. Cole, OD, President, V/I

dcole@informatics.net

Your memberships and donations

Your continued support of VOSH/INTERNATIONAL is vital to our ability to maintain our excellent website, to collaborate with other related organizations globally and to foster Chapter growth and development.

V/I is a 501(c)(3) corporation, making your contributions tax-deductible. VOSH Chapter members are now automatically members of VOSH/INTERNATIONAL. A voluntary suggested donation of \$10 per person is recommended from each Chapter. Chapter dues are \$100 per year.

We appreciate all donations big or small, because it is through them that we are able to advance our projects to provide eyecare to the needy worldwide. If you or your spouse work for a major corporation, please check to see if they offer matching funds, as it dou-

bles the value of your contribution.

Contributions can be sent to: VOSH/INTERNATIONAL, c/o Charles Covington, Sec/Treasurer, 111 Linda Lane, Lake Mary, FL 32746.

For anyone collecting used eyeglasses for recycling, please refer to the "Recycling Centers" listing on our website www.VOSH.org for sorting centers nearest you.

We receive frequent requests for good, used equipment. If you have items to donate, contact Dale Cole, OD, at dcole@informatics.net.

If you are considering V/I in your estate planning, contact John Gehrig, Esq., at orlandoeye@earthlink.net.

A vision for sustainable eye care delivery

Continued from page 1
and he'll feed himself for life," we are developing a different model.

Erik Weissberg, OD, Nicole Quinn, OD, Bruce Moore, OD, several more colleagues at the New England College of Optometry and Heather Zornetzer have been creating a training program that targets health care workers in under-served communities in an attempt to transfer the ability to provide basic eye and vision care to members of the community itself. Data compiled from three previous VOSH-NECO trips to Nicaragua has shown that over 55 percent of patients seeking eye care during the missions were treated for presbyopia.

Although presbyopia commonly affects people in their late forties, for reasons not completely understood, it has been shown to have an earlier onset in underdeveloped countries, affecting people in their early thirties.

What we have learned through our experiences in Nicaragua is that people in underdeveloped areas either do not have access to glasses or are unaware that something can even be done about their slowly deteriorating near vision.

While traditional VOSH missions are important, we also recognize that the majority of the people we are treating do not require our expert help and rather can be treated by local workers with some simple training and the appropriate tools. This concept has been tried before, but often required equipment that either gets lost, stolen or malfunctions under less than ideal conditions. Our proposal focuses on the transfer of knowledge with simple tools to accomplish the goal of training "grassroots optometrists."

"Grassroots optometrists" will serve as the base of what will be a pyramid approach to providing vision care in the region. Our immediate goal is to create a team of local workers trained to treat presbyopia, educate the community and simultaneously screen for more complex conditions. With community health care workers treating presbyopia, a large portion of the vision care needs within the community could be addressed, while setting up the framework for a much needed system that identifies those requiring more complicated eye care. Those requiring additional care would be funneled toward the appropriate facilities "in country" or to future VOSH and other eye care clinics that can focus on providing care to individuals with more severe vision issues.

We selected the community of Mozonte, in the province of Nueva Segovia, Nicaragua, (along the Honduran border), to test the "grassroots optometry" model over a three-year period. During our January '04 mission, two laypersons underwent a full day of training in use of the protocol. Statistical analyses to date indicate that for those patients not in need of a referral, the trained layperson is likely to obtain either success or near success (within 1 diopter) in diagnosis more than 90% of the time for distance prescription and more than 85% of the time for the near prescription.

Further modification is needed and will be tested in our upcoming mission in January '05. Complete results of this portion of the study will be presented at the American Academy of Optometry Meeting in December, 2004. Excerpts from the report will be posted on the V/I website shortly after the meeting takes place.

To learn more about this project or to donate funds or supplies, contact Dr. Erik Weissberg at weissberge@neco.edu.



MAKING MUSIC FOR VOSH-NECO TEAM IN MOZONTE: Among patients examined in Mozonte, Nicaragua, last December, was a family with Leber's Congenital Amaurosis. Ten of the fifteen or so family members have some expression of the disease. When the VOSHers return this year, they will bring a low vision/mobility specialist to help set up their homes for better mobility and to fit them with low vision devices. Of the five who have formed a band, four are blind. The VOSH-NECO team was able to help the accordion player because he was a high myope. On the last evening of this mission, the band showed up at the host family's home to express their appreciation to the VOSH team through their music.



They believe in VOSH

Left: At the opening of the V/I Annual Meeting in Orlando in June, Pat Cummings, OD, former AOA president and now Vice-President, Professional Affairs of VISTAKON, a division of Johnson & Johnson (I), announced VISTAKON's third annual \$20,000 donation to help VOSH continue to advance its agenda. In addition, VISTAKON has assisted numerous Chapters with specific needs.

For the past three years, Baum Printing, a Moore Wallace Co. of Philadelphia has been a donor in the supporting sponsor category through its assistance with the printing and delivery of this newsletter. Alcon Laboratories of Texas has been a supporting sponsor for the past two years.

Right: Earlier this year, after studying our website and asking a lot of questions, Spectera Vision Care Benefits and Vision Plans made a donation of \$5,000 to support V/I efforts. David Hall, president of Spectera Vision (I) and Jeannette Duerr, vice-president, Corporate Communications, attended our annual meeting and presented a ceremonial check to president Dale Cole, OD. Spectera, which has a regional sales office in Illinois, has also donated 3,000 pairs of new frames to VOSH-Illinois, to honor president Sandra Bury, OD, for her achievement as the AOA's "Young Optometrist of the Year." Earlier this year, the company made a similar donation of frames to the VOSH Chapter at the Indiana University School of Optometry.





Vincent Pescatore Eye Clinic dedication

VOSH-PA has every reason to be proud. After ten years of planning, four years in funding and two years in construction, their longterm project, the Vincent Pescatore Eye Clinic in the Péten region of Guatemala, is up and running. A dedication ceremony was held on April 21.

The clinic was designed and built by Guatemalans. Further, it is fully staffed by Guatemalans. Presently there are 30 employees. Among them are 4 ophthalmologists and 2 optometrists.

To assure that it remains self-sustaining, the clinic will operate on a sliding scale fee system, providing free care to the very poor and a fee-for-service for those who can afford it.

The success of the Péten clinic location has spawned two additional clinic sites in Guatemala City and Jutiapa. VOSH-PA now oversees a network that is accessible to 1.4 million people who live in poverty.

The goal of VOSH-PA's next project is to screen in excess of 50,000 children from the Péten to Guatemala City and Jutiapa each year and fund approximately 175 pediatric surgeries and 4,000 children's prescription glasses. VOSH-PA estimates the need to raise approximately \$200,000 per year to fund this project.

One of VOSH-PA's fundraisers is a Climb for Sight. This year it will be up Mt. Kilimanjaro, from January 29-February 7, 2005.

"The gift of sight to just one person can transform a whole family and even an entire community," says VOSH-PA president Doug Villella. For further information, contact doug@surferie.net.

Together we can make a difference in Haiti

Because of the extreme political upheaval in Haiti earlier this year, several scheduled VOSH trips had to be cancelled. With this recent historical backdrop, it was especially fitting that one of the speakers at the V/I 2004 Annual Meeting was Dumas M. Siméus, Chairman and CEO of Siméus Foods, founder of the Siméus Foundation (TSF), a member of V/I and a Haitian by birth.

A soft-spoken but passionate speaker, Mr. Siméus began by paying tribute to America for the opportunity it has provided him. There was hardly a dry eye in the room as Mr. Siméus told the story of his background as one of twelve children of a poor, illiterate farmer. Mr. Siméus eventually came to this country, earned a degree in electrical engineering and an MBA from the University of Chicago. "This would never have happened had I remained in Haiti," he mentioned flatly.

"Let me tell you about my people," he continued, explaining that Haiti has a population of 8 million people but there are a maximum of 8 eyecare specialists in the country. Average wage is \$1 per day.

"When you professionals ask someone, 'Is it better this way or this way?' they don't

understand. These are people who do not understand basic concepts like turning a light on or screwing in a bulb," he said. "So, when you provide them eyecare, you are providing them social education as well."

Mr. Siméus continues to donate truckloads of food to food banks all over the United States and he is dedicated to helping better the lives of the people in the community where he grew up. "There's never enough money and I got the idea that money alone is not solving the problems," he said.

Two years ago, Mr. Siméus founded a medical clinic in Pont-Sondé, Haiti, that treats 800 people each month. Next summer he will construct a permanent eye care clinic there. His larger vision includes building a one-hundred bed hospital with a modern trauma center.

Mr. Siméus has joined V/I and he'd like to collaborate with VOSH and SEE in Haiti. He has the site and connections for in-country support. Anyone interested contact: vdickey@simeusfoundation.org.

Coincidentally, next year's V/I Annual Meeting will take place in Dallas, Texas, near where Mr. Siméus's firm is located. He's invited us to tour his facility and to talk further about working with him to help the people of Haiti. See www.simeusfoundation.org.



Dumas Siméus and employee Vanessa Dickey who serves as volunteer Executive Director of the Siméus Foundation

Do those self-refracting eyeglasses really work?

Josh Silver, PhD, inventor and physics professor from Oxford, England, traveled to Florida in June to talk to V/I Annual Meeting attendees about the adaptive liquid lenses he has invented.

How they work sounds pretty simple. The person puts on a pair of mass-produced, liquid-filled, spherical glasses, adjusts each eye for clear vision, seals each lens and then removes the adjusters. The fluid then congeals.

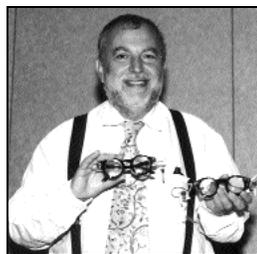
Possible prescriptions range from -6.00 to +6.00. While they can't correct everyone's vision, they can help a significant number of adults, noted Dr. Silver.

Cost to produce a pair of these self-prescribing lenses is presently under \$2 a pair. The glasses are now in mass production and prod-

uct trials are underway.

If indeed, the goal [of the WHO] is to provide eye care to a billion people who presently have no access to it by the year 2020, Dr. Silver believes conventional models of service are inadequate. His is an alternative approach, one which he believes can help tackle the problem. "Eye care is a world health issue that is also social and economic and it has largely been overlooked," said Dr. Silver.

Several weeks after Dr. Silver's presentation, newly-appointed V/I Executive Director Harry Zeltzer, OD, traveled to Oxford to participate in an international conference on Affordable Vision Correction in Third-World Countries that was hosted by Dr. Silver. For more information contact josh.silver@new.ox.ac.uk.



Dr. Josh Silver demonstrated how his adaptive liquid lenses work.

Dr. Zeltzer named Executive Director

Harry Zeltzer, OD, DOS, FAAO, who has worn innumerable hats in various leadership positions for VOSH/INTERNATIONAL for the past several years, now has a new title: Executive Director. He will be offering his continued services to V/I as a volunteer.

"As the organization grows and interacts on a global level, it is important to have a knowledgeable person, one versed in the affairs of the organization, to turn to for advice and to represent V/I at conferences and meetings as deemed necessary," noted

Low vision -A neglected segment of service

Alfred Rosenbloom, OD, MA, DOS, Chair Emeritus of the Chicago Lighthouse Low Vision Rehabilitation Service, a professor at the Illinois College of Optometry and a veteran of over 30 VOSH clinics, addressed the V/I Annual Meeting concerning another global eyecare issue: low vision. "It's one of the most neglected segments of eye care in our country and in countries where we visit," commented Dr. Rosenbloom.

As one example, Dr. Rosenbloom cited a VOSH trip to Quito, Ecuador, when at a School for the Blind, 75% of the patients his team evaluated were helped with low vision aids, enabling them to be in a regular classroom.

During another recent VOSH clinic in Casablanca, Morocco, Sister City to Chicago, a group of students from a school for the blind were bussed to the clinic site. 25% had total blindness or light vision only. Dr. Rosenbloom's team examined the remaining students and were able to help a number of them with low vision aids. Because of their success in helping these patients, Dr. Rosenbloom and his group have been invited back to establish a permanent low vision clinic. For further information, contact Dr. Rosenbloom at aarloviv@voyager.net or weblink@webletter.lighthouse.org.



Alfred Rosenbloom, OD, chats with Janet Leasher, OD, regarding her report on the World Council of Optometry (WCO) meeting held earlier in the week.

president Dale Cole. "Further, I can't tell you how many times Dr. Zeltzer bailed me out in situations where I could not personally follow through this past year."

It was from Dr. Zeltzer's participation in the UNESCO Congress for Visual Health in Barcelona that we first became aware of the services provided by Project SEE.

Since his appointment, Dr. Zeltzer has traveled to Oxford, England to represent V/I at a conference on Affordable Vision Correction in Third-World Countries. The event was organized by Josh Silver, PhD, one of the speakers at our V/I Annual Meeting in Florida in June. (See related article on p. 4.)

In August Dr. Zeltzer traveled to Midland, Texas, to meet with Ike Fitzgerald, CEO of the Texas Lions Eyeglass Recycling Center (TLERC). Dr. Zeltzer reviewed the facility and its programs.

During the discussion, efforts to start a VOSH-Texas Chapter were initiated and it is hoped that the Chapter will become a reality in time for next year's annual meeting in Dallas, Texas.

VOSH-VA collaborates with RAM

At the V/I Annual Meeting, Stan Brock, a pilot and former host of the popular Wild Kingdom television series, spoke about Remote Area Medical (RAM), the non-profit airborne relief corps he founded in 1985. RAM is dedicated to providing free health, eye, dental and veterinary services in impoverished areas here in America as well as abroad. Victoria Weiss, OD, founder of VOSH-VA introduced Stan and eloquently fielded questions for him later in the day. She heads the vision care team for RAM missions in Wise, VA and in Tennessee. Over 1,000 patients received eyecare services during one weekend last July in Tennessee. For prescriptions, the team had a stock of readers. Where necessary, glasses were made up in an 18-wheeler unit that has the capacity to handle 200 pairs of glasses per day. See www.ramusa.org.



Victoria Weiss, OD, and Stan Brock

And now, VOSH- KNUST

With the formal acceptance of VOSH-KNUST (Ghana) in Orlando, we now have 31 Chapters, along with an additional 18 active student chapters.

The Ghana Chapter will be centered at Kwame Nkrumah University of Science and Technology (KNUST), located in Kumasi, Ghana. A four-year school of Optometry is part of their physical science department.

Faculty leaders heading up VOSH-KNUST are Mohammed Abdul-Kabir and Tony Randall. For information, email: kabir265@yahoo.com.

Ghana has a population of nearly 21 million people. Presently there are only 45 optometrists, 40 ophthalmologists and 25 opticians to serve the eyecare needs of the populace.

Already, a collaborative effort is underway for V/I representatives, Pacific University College of Optometry, their Amigos student organization and VOSH-Oregon to conduct an eye care clinic at the school and in Kumasi, Ghana, just prior to the next general delegates' meeting of the World Council of Optometry in April, 2005. That event will take place in Accra, the capital of Ghana, approximately 125 miles from Kumasi. Contact is Aaron Weins, weins@pacificu.edu.

VOSH-IL is also working on a mission to Accra in early April. Contact Sandy Bury, OD, docbury@aol.com

On to Dallas in June

Save the date! V/I's 2005 Annual Meeting will be held on Tuesday and Wednesday, June 22-23, in Dallas, Texas, once again to coincide with the AOA Convention so participants can attend both events. The AOA Convention runs from June 22-26.

We urge all Chapters to send a representative to the annual meeting. We need your input; you are our Board of Directors and each of you has a vote.

Already we've lined up a roster of thought-provoking speakers and we look forward to meeting you all, sharing a little time together, discussing related issues, and getting your input.

“Just” a simple pair of eyeglasses

By Patricia Fuhr, OD, PhD, VOSH-AL

A pair of glasses can make the difference in driving a car, obtaining employment, or supporting a family. A simple pair of reading glasses can make a difference in being able to help a child with homework, reading a book or newspaper, cooking or sewing, seeing a watch, or making a craft. I want to tell you the story of many organizations and individuals coming together to help those in need, and in particular, I want to tell you the story of one family.

It takes a village to raise a child successfully, as stated by Hillary Clinton, former First Lady of the United States. It also takes the concern and cooperation of individuals and organizations to provide eye and vision care to some of the one billion persons in the world who do not have adequate access to those services. In fact, if you were one of those individuals, you would not be able to read this article.

In the spring of 2004, VOSH-AL, joined with the District 34-O Lions of Alabama to deliver eye and vision care to over 3,000 needy persons in Mexico. Sites for the eye-care services and transportation for those in need were arranged by the Lions Clubs of Mascota and Union de Tula, Mexico. The local Lions worked with the US volunteers and arranged housing, meals, and local transportation for the participants from the US. Eyeglasses for the mission came from a variety of sources. Recycled eyeglasses were donated

by The Lions Eyeglass Recycling Centers of Ocala and Silver Springs, Florida.

In one town, a family with five children presented for eye care. A small boy held the hand of his father on one side, and a little sister on the other side; his mother held a baby and the hand of another young girl, while another child followed by her side. We found that the father was not able to read anything on the eye chart and three of the children could not recognize any targets on the children's eye chart. The father reported that he could not read, had never been to school, and had never worked. He also said that neither he nor his children had ever seen an eye doctor. This was their first opportunity to do so.

The young boy who led his father into the room had normal vision, as did the mother and the baby. However, the reason the father

was led into the room became immediately clear to the doctors. The gentleman was extremely nearsighted, to the point that he could only appreciate objects within one inch of his eyes. He had walked around in a very foggy world all of his life. Now, his children were doing so also. Three of the five children were highly nearsighted.

Because of this mission, these children and their dad will receive the eyeglasses they so desperately need. The children will be able to see better, will go to school and will be able to read. They will receive an education because they will be able to participate in school, and when they grow up, they will be able to contribute to their communities and families all because they now have a simple pair of eyeglasses. For further information, pfuhr@mindspring.com.

ASAPROSAR in El Salvador

by Alan Gruber, MD, alangruber@aol.com

Friends of ASAPROSAR (Asociacion Salvadorena Pro Salud Rural) held its 16th annual health campaign at the end of January. Some 52 volunteers served either in Santa Ana or at a new site five hours away in San Miguel, El Salvador. Through the years, the team has managed to raise enough funds to build a medical/surgical building in Santa Ana. Construction of a clinic/surgical support building is currently underway. It will be attached to the first structure and will effectively double the available space.



Greg Hagedorn, OD, of Kentucky examining a patient in San Miguel

ASAPROSAR covers all costs for the production of an eye campaign; that is, the costs to ASAPROSAR are minimal and, therefore, their funds continue to be devoted to the care of the poor. Costs this year were approximately \$75,000. That averages out to about \$43 per patient. It is a great bargain when considering that it includes corneal transplants, provision of eye prostheses, cataract surgery, professional eye examinations, eyeglasses and medications, surgical supplies and equipment that will allow ASAPROSAR staff to see 1,000 patients over the course of the year.

Most volunteers pay all of their own expenses for room, board, transportation and other costs. The costs for a few volunteers are paid for by their employers or by donations from others.

As in the past, the total administrative costs of Friends of ASAPROSAR amount to less than one-half of one percent. Efforts continue through the donations of time and funds by volunteers and other generous donors.



23rd trip to Comayagua, Honduras

by James E. Van Winkle, OD, VOSH-Indiana

Our multi-disciplinary team of 70 volunteers provided eye exams, eye surgeries, medical, dental and chiropractic services in Comayagua, Honduras, in January. Sponsored jointly by VOSH-Indiana and Lions International, this mission marked the 23rd year of consecutive service to the area. The Comayagua project was initiated by C. William Trubey, OD, in 1981.

Eight years ago, with the cooperation of Lions International and the local Comayagua Lions, a permanent clinic named in honor of Dr. Trubey was established at the local Lions clubhouse site. The compound includes a huge Lions clubhouse and two additional buildings, one for eye surgery and one for dental care. The clinic main-

tains an inventory of approximately 30,000 pairs of neutralized glasses. A local technician has been trained to use an autorefractor to provide eyeglasses on an ongoing basis. This year eye surgeons operated on 102 patients. ODs saw between 700 and 800 patients per day, fitting more than 3,500 to glasses. Another arm of the mission distributed 14 tons of grain that was bagged at the Comayagua Lions compound in 16 to 18 pound sacks and then distributed.

VOSH newsbriefs at a glance

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IN MEMORIAM:

Dr. Richard Chamber Isaak
Richard Chamber Isaak, OD,
passed away on January 12, 2004.
Dr. Isaak became a member of the
South Dakota Optometric State
Board in the mid 1960s and eventually
served as president.

In the mid-1980s Dr. Isaak
joined VOSH and from that time
until his death, he dedicated several
weeks each winter to VOSH
missions in Central America.

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INEXPENSIVE TRIP MEDICAL EVACUATION INSURANCE:

Bob Foote, OD, of VOSH-MI,
reports that Adams & Associates
of Columbia, SC, offers medical
evacuation and travel insurance
for those with no personal cover-
age as such, for \$2 per day. The
company specializes in medical
missions. Contact is Daniel
Dunne: ddunne@aaintl.com

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GETTING TO KNOW US:

This year's V/I booth at the
Convention Hall in Florida was
optimally situated near the AOA
sign-in desk so it attracted a con-
siderable number of people who
wanted more information. Others
who stopped simply wanted to

talk about their own VOSH
experiences. V/I also ran a con-
tinual Powerpoint presentation
during its all-day annual meeting
and staffed booths at the SECO
conference in Atlanta and the
International Lions Convention
in Detroit. Kudos to Ruth
McAndrews, OD, for organizing
the efforts.



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PREPARING FOR TEXAS: Our
new Executive Director Harry
Zeltzer, OD, traveled to Midland,
Texas, in July to review the Texas
Lions Eyeglass Recycling Center
(TLERC) with its CEO, Ike
Fitzgerald, a past Lions district
governor. The Center is located
in an old movie theater that's
been converted to a warehouse
for storing eyeglasses and optical
equipment. It has a huge function
hall for Lions meetings, offices,

examining areas and classrooms.
Once a month, TLERC trains lay
people to refract in underdevel-
oped nations. TLERC is develop-
ing distribution centers, clinics
and and optical labs in Honduras,
Mexico, Brazil and Guyana.

Both Dr. Zeltzer and Mr.
Fitzgerald were open to partner-
ing in projects. Never at a loss for
ideas, Dr. Zeltzer immediately
proposed a collaboration to start
up a VOSH-Texas Chapter before
next year's V/I Annual Meeting
in Texas. Dr. Norman Gould, a
retired OD and TLERC officer,
will contact Texas ODs.

* * * * *

HONOR ROLL: Several active
VOSHers have received recogni-
tion for their VOSH efforts.

Harry Zeltzer, OD, was awarded
an honorary Doctor of Ocular
Science at the New England
College of Optometry graduation
ceremony in June; Rich Ryan,
OD, of VOSH-Northwest, was
named OD of the year for
Washington state. Sandy Bury,
OD of VOSH-IL, was named the
AOA's Optometrist of the Year;
Dale Cole, OD, of VOSH-KS was
honored as OD of the Year by the
Heart of America Contact Lens

Society. Alfred Rosenbloom, OD,
was honored for his VOSH efforts
in Casablanca at this year's annu-
al performance/fundraiser of the
Chicago Sister Cities Program.

* * * * *



**HUMANITARIANS OF THE
YEAR 2004:** Bob and Shirley
Merriam were this year's recipi-
ents of V/I's Humanitarian(s) of
the Year Award. The couple has
just completed their 60th VOSH
mission. Long before the era of
computers Bob designed a spread-
sheet to establish a profile of
patients that has been invaluable
in packing for trips," says Dr. Jeff
Marshall, who made the presenta-
tion. Affiliated until now with
VOSH-Indiana, the Merriams are
moving over to assist in getting a
VOSH-Kentucky Chapter up and
running.

VOSH and SEE: a natural collaboration

Continued from page 1
how to obtain the surgical supplies for
David.

Then we found out about Project SEE
(Surgical Eye Expeditions) International.
They are also a non-profit, humanitarian
organization with a stated mission of "pro-
viding medical, surgical and educational ser-
vices by volunteer ophthalmic surgeons with
the primary objective of restoring sight to
disadvantaged blind individuals worldwide".
Getting in touch with SEE's Director of
International Clinics enabled us to fulfill our
intention of offering the surgical option dur-
ing our missions. We have worked closely
ever since.

SEE has provided all the surgical supplies
for four of our VOSH-New York missions.
They are what we call a "turnkey" operation
where we tell them when and where we are

going, and how many surgeries our surgeons
plan to perform during the mission. Then
SEE ships us all the supplies, free of charge -
from gloves, masks, needles and IOLs, to
lending us operating microscopes, A-scans,
phaco machines and even surgical trays of
instruments for our surgeon(s), if needed.

The only requirements from SEE are that
we must locate and provide assurances that
a local ophthalmologist will continue post-
op care after our departure, and that our sur-
geons do not charge for their services.

From our experiences we believe there are
two main models regarding how we can work
efficiently. The first one could be where a
VOSH advance team goes first in order to
do the primary care and selection of the sur-
gical cases for the SEE team that will follow.
And the second way could encompass a joint
VOSH-SEE team that works together at the

same site, as VOSH-New York does.

VOSH and SEE are ideal partners in any
mission. We are indeed parallel organiza-
tions, where we VOSH volunteers are well
suited to provide the basic examinations to
counter ametropia, which has been described
as the first cause of functional blindness in
the world. SEE empowers humanitarian sur-
geons to offer free surgical care to the needy.

SEE not only provides all the surgical sup-
plies but also has a wealth of contacts and
information regarding whichever country
your Chapter might be considering for a
VOSH mission.

For more information, contact SEE
International at (800) 208-6733, visit
www.seeintl.org. or www.VOSH.org which
has a link to their web page.

VOSH/INTERNATIONAL is a voluntary non-profit organization whose primary goal is to facilitate the provision of vision care worldwide to people who can neither afford nor obtain such care.

VOSH/INTERNATIONAL accomplishes this goal by service as a coordinating body for affiliated Chapters, by administratively supporting activities of Chapters and members, and by actively promoting the formation of new Chapters and new members.

VOSH/INTERNATIONAL is a non-sectarian and non-political organization. Currently there are 31 VOSH Chapters. In addition, there are 18 active student Chapters.

Visit www.VOSH.org

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Please display newsletter in your office or otherwise circulate.

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We would like to acknowledge Baum Printing, a Moore Wallace Co., of Philadelphia, for its assistance in the printing and delivery of this newsletter.

Calendar of upcoming VOSH missions



there's a need to move to better grazing pastures. Standing left-r: Gary McGaughey, Bud Falkenhain, OD, Scott Ream, OD, LaJeanne Niles and Mike Sutherlin. Seated left-r: Madge Sutherlin, Linda Falkenhain, Pete Parenti, OD, with Margaret Sutherlin in front of him.

VOSH-MISSOURI IN OUTER MONGOLIA: In July, V.E. "Bud" Falkenhain, OD, of VOSH Missouri, led a small team to outer Mongolia. While he's provided VOSH services all around the globe over the past 25 years, this was Bud's first venture here. For part of the trip the team stayed in tent-like structures known as gers that are home to the nomadic people of the Gobi desert area. They are quite comfortable and can be broken down in about an hour and a half if

Upcoming trips are listed in order by nearest date. Contact trip leader for more information. Additional info/photos regarding some clinics are available through Chapter links on the V/I website: www.VOSH.org

Mission leaders: Please e-mail your updated trip information to harryzeltzer@comcast.net, or fill in the form located at the top of the Upcoming Trips page of our website.

● MATAGALPA/MUY MUY, Nicaragua, Nov. 11-21, 2004, VOSH-FL, Suzy Bamberg, suzybamberg@mybluelight.com

● PETEN, GUATEMALA, Dec. 3-12, 2004, VOSH-PA, Chris Wurst, Cwurst1@comcast.net

● MOZONTE (Nueva Segovia), NICARAGUA, Dec. 27, 2004-Jan. 6, 2005, VOSH-NECO, Erik Weissberg, OD, weissberge@ne-optometry.edu

● SAN JUAN DEL SUR, NICARAGUA, Jan. 8-15, 2005, VOSH-CT, Matt Blondin, OD, mblond2@aol.com 860-489-2781

● SAN CARLOS, NICARAGUA, Jan. 15-23, 2005, VOSH-NECO, Joseph D'Amico, OD, eyeclam@aol.com

● TANZANIA, Jan. 15-26, 2005, VOSH-OH, Barbara Plaugher, OD, arliss@wcoil.com

● RIO COCO, NICARAGUA, Jan. 17-24, 2005, VOSH-NECO, jlhvt@sover.net, eyeclam@aol.com

● CATERINA, NICARAGUA, Jan. 17-25, 2005, VOSH-Northeast with SVOSH-SUNY College of Optometry, Karl Sakovitz, OD, islanddoc5@aol.com

● MATAGALPA/CHINANDEGA, NICARAGUA, Jan. 19-26, 2005, VOSH-FL, Suzybamberg@mybluelight.com

● SANTA ANA/SAN MIGUEL, EL SALVADOR, Jan. 28-Feb. 6, 2005, VOSH-NECO, Harry Zeltzer, OD, harryzeltzer@comcast.net

● OAXACA, MEXICO, Jan. 28-Feb. 6, 2005, VOSH-Iowa, Ruth McAndrews, OD, ruthmca@iowatelecom.net

● SAN FELIX, VENEZUELA, Jan. or Feb., 2005, VOSH-MN, Bob Boeding, OD, rboe341821@aol.com

● CUBA, Winter, 2005, VOSH-NW, dym@scidpda.org

● CARDENAS/OSTIONAL, NICARAGUA, January 22-29, 2005, VOSH-NECO, Jay Jordan, OD, JFEyecare@aol.com

● CAMBODIA, Winter, 2005, VOSH-NW, Andy Mizuki, OD, andy@m@scidpda.org

● APOPA/SUCHITOTO, EL SALVADOR, Feb. 5-13, 2005, VOSH-NECO, Jenifer Ambler, OD, amblerj@sover.net

● SAN CARLOS, GUAYMAS, MEXICO, Feb. 18-27, 2005, VOSH-MI, Jill Cole, cofamily@chartermi.net

● LORETO, MEXICO, Feb., 2005, VOSH-CA, drgregpearl@yahoo.com

● PORT ANTONIO, JAMAICA, Feb., 2005, VOSH-SD, Brad Meier, OD, bmeierod@dailypost.com

● GUATEMALA, Feb., 2005, VOSH-II, Sandra Bury, OD, docbury@aol.com

● SAN CRISTOBAL, CHIAPAS, MEXICO, Feb. 12-19, 2005, VOSH-VA, Nancy Clark, OD, nancoppicclark@earthlink.net

● HERMOSILLO/SONORA, MEXICO, Feb. 13-20, 2005, VOSH-AZ, Ed Tuhy, OD, ed2e@juno.com

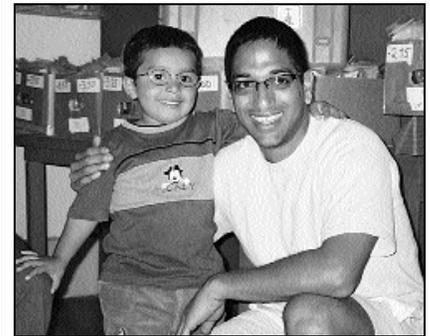
● CATACAMAS, HONDURAS, Feb. 26-March 7, 2005, VOSH-KS, Diana Carriger, OD, drdiana@234eyes.com

● SAN PEDRO SULA, HONDURAS, March 6-13, 2005, VOSH-IN, Jeff Marshall, OD, drjcm@att.net

● LA ESPERANZA, HONDURAS, March 25-April 4, 2005, VOSH-MI, Robert Boone, OD, boone@chartermi.net



JOURNEY TO GUATEMALA: VOSH-Northwest had two missions in 2004. One was a cataract screening mission in the Guatemala highlands. Four ODs screened approximately 200 locals and scheduled 40 for surgery. A surgical team performed 27 cataract extractions the following week. One patient, a 32-year-old female with a six-month-old baby, cried tears of joy the day after surgery as she was able to see her baby for the first time. Above: Dr. Kevin Ikeda examining a patient who underwent cataract extraction and IOL the following week.



TWECS IN ICHOCAN, PERU: VOSH-British Columbia (TWECS) conducted a 3-week eye care project in Ichocan, Peru at the end of May. Over 4,000 Peruvians were examined and 55 cataract surgeries were performed, along with 40 lid, pterygium and other minor procedures. "I'll always remember patients like Sandro, the five-year-old who gave me big hug when he put on his -5.00 glasses for the first time (above), or Neilson, a twelve-year-old who was -14.00 and had never been corrected," said Trevor Miranda, OD, in submitting this trip report and photo.

From our mailbag:



VOSH-INDIANA INHONDURAS: Patients waiting to be examined in Comayagua, Honduras, earlier this year (See article on page 6.)

- PETEN, GUATEMALA, April, 2005. VOSH-PA, jhauler14@hotmail.com
- AYAUTLA, OAXACA, MEXICO, March 26-April 4, 2005. VOSH-OR, Ron DeLono, OD, weins@pacificu.edu
- OBUASI, GHANA, March 26-April 4, 2005. VOSH-OR and VOSH-NW, Aaron Weins, weins@pacificu.edu
- ARMENIA, April 16-24, 2005. VOSH-NECO, Joseph D'Amico, OD, eyeclam@aol.com
- PETEN, GUATEMALA, April, 2005. VOSH-PA, jhauler14@hotmail.com
- CHIMBOTE, PERU, April, 2005. VOSH-MN, Mark Heymans, 651-634-4059
- TRANSYLVANIA ALPS, ROMANIA, April or May, 2005. VOSH-MN, Jim Hess, OD, imnod@comcast.net
- GUATEMALA, May 1-10, 2005. VOSH-OR, Scott Pike, OD, weins@pacificu.edu
- SAMOA, May, 2005. VOSH-UT, Ron Pugh, OD, vision4all@sfcn.org
- PETEN, GUATEMALA, spring, 2005. VOSH-PA, cwurst1@comcast.net
- ZAMORA, MEXICO, May, 2005. VOSH-UT, Ron Pugh, vision4all@sfcn.org
- GUATEMALA, Summer, 2005. VOSH-NW, Rich Ryan, OD, rryanjr@msn.com
- WISE, VIRGINIA, July 29-31, 2005. VOSH-VA, Vicki Weiss, OD, DVCClear@aol.com
- PERUVIAN AMAZON JUNGLE, August 6-14, 2005. VOSH-NY, Jorge Won, OD, ojowon@aol.com
- PETEN, GUATEMALA, Nov., 2005. VOSH-MI, cwurst1@comcast.net

Organizational notes from VOSH-Netherlands

Earlier this year, in an effort to assist other new college Chapters, Dr. Harry Zeltzer wrote to Dr. Frank Buijs, Chairman of VOSH-Netherlands, seeking information on how their school integrated optometry education with VOSH. Following is Dr. Buijs's response.

Dear Harry-

I have started a foundation, formally outside the University. Our Board is Chairman, secretary, head of finance department and a student.

We opened a bank account and we asked the industry for supporting our project.

Every year we look at the VOSH site to find the missions whom are interested in optometrist. We offer them our students (and equipment and glasses, etc.).

So every January/February are about 15 third and fourth year optometry students participating in missions organized by other fellow chapters. At the moment we don't have the opportunity to organize our own missions.

VOSH on the domestic front

VOSH's work in third world countries is a given. Less well-known is the fact that there are a number of active VOSH clinics in this country including the following:

- While the Chapter is just two -years old, VOSH-AZ has already enlisted the services of Amy Davis, OD, to see children who fall between the cracks of private care and Medicaid at the Santa Catalina, AZ Health Center on a monthly basis. tuhy1@juno.com.
- VOSH-NW holds domestic clinics weekly (Thursday mornings) at the Union Gospel Mission (UGM) in Spokane, Washington and at the Millionair Club in downtown Seattle. The clinic in Spokane is open to anyone who contacts the mission and identifies a need. It is maintained by Walt Michaels, OD, Mark Rainer, OD, and Rich Ryan, OD.

The Seattle clinic is a joint VOSH-NW and Lions project. It has been in existence for the past thirteen years and it provides services to approximately 270 needy homeless annually. Clinic director is Wayne Matheny, OD, matheny.w@ghc.org.

- See page 5 for information about annual clinics at sites in Virginia and Tennessee.

We do want that in the future.

The optometry students have to pay all by themselves and after their trip the VOSH Board is counting the money on the account and pays every student the same amount of money. The students earn credit points for their involvement in a VOSH mission.

VOSH-The Netherlands is formally an independent foundation but there is a close relationship with the faculty. We don't pay for all services coming out of the faculty.

The construction is a good one. In a big university or faculty there are a lot of rules you have to share with others. Every decision can take long. We can handle very fast and that is good.

Frank Buijs

Head of Dept. of Optometry and Orthoptics, Faculty of health Care, University of Professional Education, Hogeschool van Utrecht Bolognaaan, Utrecht, The Netherlands

About our website

www.VOSH.org

When interim Webmaster Harry Zeltzer, OD, purchased his first computer about four years ago, he knew nothing about turning them on, never mind maintaining a web site. Now, with funds from a recent grant, Harry is maneuvering his way around a new, faster, smarter computer system.

Harry checks the message board frequently, passes on inquiries to the appropriate sources and he goes out of his way to try to help find VOSH volunteers for a site seeking a VOSH team. If he doesn't know the answer to a question, he'll find someone who does.

Webmaster Harry welcomes Chapter information about upcoming trips and he's glad to create new slide shows when Chapters send him enough photos to do so.

Missions have always been listed by Chapter. With your input, a new section listing upcoming trips by date and by country has been added to make it even easier for volunteers to find a group that works for them.

We continue to be amazed at the global response to www.VOSH.org. It is a place to learn about VOSH, to find a trip, to find out about related resources and it's a clearing-house for avoiding conflicts.