



*Himalayan Cataract Project*  
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Andrew Lindblade

# 2005 Annual Report

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“There is such an enormous problem here and people don't need to be blind. Training is of the utmost importance. I get such a thrill from watching people I have trained.”

**Sanduk Ruit, MD**

Co-Director

## GEOFFREY TABIN, MD, CO-DIRECTOR

Dear Friends,

2005 marked another extraordinary year of growth and development for the Himalayan Cataract Project. Our programs in the Himalayas continue to provide top quality eye care to all in need; local doctors, nurses and technicians are being trained in modern eye care; and we are continually working to improve and expand the eye care infrastructure. The Expansion of the Tilganga Eye Centre, which will transform the existing outpatient center into a tertiary eye care hospital of the highest caliber, is progressing nicely. The \$4,400,000 capital campaign is well underway, with over \$2,800,000 raised to date, aided by recent news from USAID/ASHA of their intention to fund Phase III with a \$700,000 matching grant.



This past year marked the beginning of a special partnership with The Fred Hollows Foundation of Australia to strengthen our joint efforts to improve eye care in Nepal and throughout the developing world. Like the Himalayan Cataract Project, The Fred Hollows Foundation has long been a supporter of Tilganga. In 2005, the three organizations, the Himalayan Cataract Project, The Fred Hollows Foundation and the Tilganga Eye Centre, fully embraced the idea of working in collaboration to strengthen eye care services throughout the developing world. To this end, in 2005, The Fred Hollows Foundation pledged \$225,000 towards Phase II of the Tilganga Expansion. We are also collaborating with the two organizations to improve eye care in North Korea through a series of eye camps and trainings. The Himalayan Cataract Project's involvement is supporting the training of North Korean eye care providers at Tilganga.

At this time last year, I wrote of my upcoming move to the University of Utah's John A. Moran Eye Center to develop a Division of International Ophthalmology. I am pleased to report that it has been a wonderful move. Under the strong leadership of Dr. Randall Olson, also a Himalayan Cataract Project Board member, the Moran attracts a talented group of faculty who are committed to excellence in eye care both in Utah and throughout the world. As I had hoped, the relationship between the Himalayan Cataract Project and the Moran Eye Center has proven to be quite fruitful and I am very enthusiastic about the possibilities that will result from our combined action. We are in the process of linking the residency programs at Tilganga and Moran, having residents share cases with one another and spend time at both centers. Faculty at the Moran will host and mentor Himalayan Cataract Project Fellows from throughout the developing world who come for further training. Finally, we will partner in work abroad as well, taking our model and expanding it beyond the Himalayas. This past April, I spent two weeks in Kumasi, Ghana with colleagues from Tilganga and the Moran, teaching local surgeons modern cataract surgery techniques and as well as our system of delivery. The Himalayan Cataract Project will support further training of doctors and technicians from Ghana and ultimately expects to open a permanent center there.

For countless reasons, it has been a tremendous year and provides a good footing for further work and growth. As always, without your support and ongoing commitment to our work, none of this would be possible.

With sincere gratitude,

*Geoff Tabin*

Summer 2006

## MESSAGE FROM EXECUTIVE DIRECTOR

2005 was another tremendously exciting year for the Himalayan Cataract Project – from our program work in the Himalayas and beyond to a number of accolades bestowed upon us. However, make no mistake – eye care remains one of the greatest public health challenges of the 21<sup>st</sup> century. Fifty million people in our world suffer in needless darkness, the vast majority of whom will remain blind until they die. Ninety percent of this blindness could have been easily prevented or treated and half is from treatable cataracts where inexpensive surgery is among the most cost-effective interventions in health care. We are humbled by the challenges that eye care presents, but we are also motivated and encouraged by the progress that is being made and by the growing interest and levels of support for international eye care.

This past year, the Himalayan Cataract Project wrote a book entitled *Fighting Global Blindness*, published by the American Public Health Association, describing in detail our program design and method for confronting blindness worldwide. It has been described as the “step-by-step” manual to solving the problem of cataract blindness. The book outlines in great detail the innovative system of eye delivery developed by our partner the Tilganga Eye Centre and partners in India that allows for high-quality, high-volume, cost-effective, cataract surgery that restores sight in less than five minutes for a cost of less than \$18 and is applicable to all cataracts.

To test the efficacy of the delivery system, the Himalayan Cataract Project supported a controlled clinical trial in May 2005 comparing one of the world’s foremost cataract surgeons utilizing all of the highest levels of technology available in the Western world versus our current method of small incision sutureless cataract surgery utilized in remote cataract outreach programs for the poorest people in Nepal. The results were dramatic! The Nepali method was faster, less expensive and yielded the same visual outcome by 6 weeks: 98 percent of patients returned to excellent vision.

The Himalayan Cataract Project received some wonderful recognition for our work in 2005. In June, New York Hospital awarded Co-directors Drs. Ruit and Tabin the 2005 Pacesetter Award, honoring their humanitarian efforts to treat preventable and curable blindness in the poorest villages of the Himalayas and throughout the developing world. In October, Charity Navigator awarded the HCP its highest rating of 4-stars for “sound fiscal management”. We work diligently as an organization to maintain low administrative costs at less than 10 percent. Finally, in December, *Outside Magazine* featured a cover story on the HCP, exposing our work to a new and broad audience.

We are exceedingly grateful to the countless individuals, foundations and businesses that have supported our work through the years. In 2005, we welcomed the support of a number of new foundations including Alex Lowe Charitable Foundation, Beatrice Snyder Foundation, Claire Giannini Fund, Cumming Foundation, Fant Family Foundation, Josiah Macy, Jr. Foundation, Shelley and Donald Rubin Foundation, Spitzer Family Foundation, and the Warren Living Trust. We welcome these foundations and hope that they will become life long partners in our mission to eradicate preventable blindness and train local medical personnel.

We extend gracious thanks to everyone who has made our work possible. Your support enables us to continue the charge against preventable and treatable blindness worldwide.

Warmly,



## HCP - EDUCATING PROVIDERS

**The Himalayan Cataract Project strives to eradicate preventable and curable blindness by teaching ophthalmic care at all levels, establishing a first-rate eye care infrastructure through creating and mentoring facilities, insuring each facility is financially self-sustaining, and addressing eye care from the public health level up to subspecialty care.**

It would be impossible to underestimate the critical role of education in advancing the state of eye care throughout the developing world. Public health organizations have long recognized the importance of sustainability in any health care delivery system implemented in developing countries. Though countless definitions exist to describe sustainability, put simply, it is the ability of a health care system to function effectively over the long-term with minimal external contribution. The Himalayan Cataract Project, together with our partner the Tilganga Eye Centre, firmly believes that in order for a permanent eye care facility to be established in a developing country, it must be staffed by local ophthalmologists, eye care workers and administrators. This belief underlies our every effort to train local providers at all levels and establish a viable eye care infrastructure.

The training is equally important at the ophthalmic assistant level as it is at the specialty level. Our training programs and subsequent delivery programs are designed to maximize the utilization of mid-level eye care workers, largely ophthalmic assistants, which enables a more efficient delivery of high quality eye care. In general, approximately 5 ophthalmic assistants are required for each ophthalmologist in a surgical and examination setting. This team structure allows for increased patient volume and maximum efficiency.

The Himalayan Cataract Project strives to incorporate and support outreach work in all of our programs. As the Himalaya is a mountainous region composed of rural and isolated groups, effective methods of outreach - bringing health services to the people - are necessary to reach those without reliable access to ophthalmic care. All of these themes play into the development of our Country Programs where we strive to reach the poorest patients through our local network of eye care providers and facilities.



## NEPAL

The Tilganga Eye Centre serves as the Himalayan Cataract Project's base of operations in Asia. While the Centre operates independently, the Himalayan Cataract Project is involved in Tilganga's outreach work and educational programs.

### Surgical Volume

The volume of patients continues to grow each year. In 2005, Tilganga ophthalmologists performed 6,826 surgeries and saw 117,042 outpatients, with an additional 6,039 surgeries and 29,317 patient visits in remote eye camps. In total, 12,865 surgeries were performed and 176,981 patients were screened.

### Education

Educating local providers continues to be the focal point of the Himalayan Cataract Project's program work, and Tilganga serves as the nexus for all of our education programs. The HCP is committed to ophthalmic education for all levels of providers - from ophthalmic assistants to fellowship trained ophthalmologists as this is a crucial component of establishing a sustainable eye care infrastructure. Tilganga is the educational base in the Himalayan region with a full residency program in ophthalmology, a training program for ophthalmic assistants, fellowships abroad for local ophthalmologists, education symposia, classes in cataract surgery technique for doctors and medical personnel from throughout Asia and the developing world, and teaching and mentoring from foreign ophthalmologists.

#### Tilganga Eye Centre at a Glance

##### CLINICAL DATA

##### Surgical Outcome

Surgeries - TEC	6,826
Surgeries - Camps	6,039
TOTAL 2005 Surgeries	12,865

##### Outpatient

Tilganga	117,042
Surgical Camps	29,317
Screening Camps	150
School Screening	14,627
Community Eye Centers	15,845
TOTAL 2005 Outpatients	176,981

##### 1994 - 2005

Surgeries - TEC	44,241
Surgeries - Camps	38,344
TOTAL 1994-2005 Surgeries	82,585
Outpatients - TEC	832,293
Outpatients - Camps/Community	302,335
TOTAL 1994-2005 Outpatients	1,134,628

ophthalmic education for all levels of providers - from ophthalmic assistants to fellowship trained ophthalmologists as this is a crucial component of establishing a sustainable eye care infrastructure. Tilganga is the educational base in the Himalayan region with a full residency program in ophthalmology, a training program for ophthalmic assistants, fellowships abroad for local ophthalmologists, education symposia, classes in cataract surgery technique for doctors and medical personnel from throughout Asia and the developing world, and teaching and mentoring from foreign ophthalmologists.

**Since 1994, Tilganga and the HCP have trained 67 doctors and 27 nurses in modern cataract surgery and 41 ophthalmic assistants, with an additional 39 ophthalmic assistants currently undergoing training.**

In 2005, the Himalayan Cataract Project sent a handful of doctors to Tilganga to teach in the residency program. Drs. David Chang, Matt Oliva, Frank Price, Bill Richheimer, Linda Rose and Geoff Tabin all spent time teaching and mentoring at Tilganga. Their combined time provided nearly \$125,000 worth of volunteered services for the HCP.

Our Freeman Fellows program, with generous support from the Freeman Foundation, is providing fellowships, advanced training and residency exchanges. In 2005, Tilganga's Deputy Medical Director and corneal specialist, Dr. Reeta Gurung, was the first fellow and worked towards her Master in Science course in Public Health at the London School of Hygiene and Tropical Medicine. In 2006, we expect to have fellowship exchanges with doctors from Bhutan, Nepal, Ghana and Pakistan.

### Outreach and Community Eye Care Centers

Outreach is a major component of the Himalayan Cataract Project's and Tilganga's work in Nepal and throughout the Himalayas. Outreach consists of both remote eye camps as well as Community Eye Centers. Community Eye Centers are an important innovation for delivery in the developing world, as they provide care to the poorest and most unreachable patients. Tilganga and the HCP maintain six centers in Nepal, each staffed by ophthalmic assistants trained to provide basic eye care, screen for infection, refer patients to doctors, and assist in cataract camps in their region.

In 2005, the six centers screened a total of 15,845 patients which is an amazing accomplishment - as each are situated in remote locations. These facilities are fully equipped to handle all but the most specialized cases and are mentored by the senior medical team at Tilganga. Each year eye camps are held at the Community Eye Centers with patients who have been prescreened by the local ophthalmic assistants. The Hetauda Community Eye Center, which screened 3,043 patients in 2005, is being expanded into a Cataract Surgery Facility. Cataract surgery facilities are the next step beyond a Community Eye Center. Such facilities are staffed by an ophthalmic assistant and an ophthalmologist who can perform surgery onsite. With support from the HCP, land was purchased in Hetauda, a wall was built around the compound area, and initial designs were drawn for the facility's construction.

### Community Eye Centers Outpatients

Dhading	3,792
Hetauda	3,043
Nuwakot	3,194
Ramechap	2,025
Sindu	1,855
Solu	1,936
<b>TOTAL</b>	<b>15,845</b>

Co-director Dr. Geoff Tabin with happy patients at the Solu eye camp.



### Tilganga Eye Centre PERSONNEL

#### Tilganga Staff - Kathmandu

Ophthalmologists	11
Assistant, tech, nurse	52
Administration	17
Lens Factory	50
Support staff	23
<b>TOTAL</b>	<b>153</b>

#### Community Eye Center Staff

Assistant, tech, nurse	12
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## NEPAL - TEC EXPANSION 2005 HIGHLIGHTS

The Himalayan Cataract Project is in the midst of a multi-million dollar capital campaign to expand the Tilganga Eye Centre from an outpatient facility into a world-class eye hospital. Tilganga needs more space to treat the patients who currently come seeking care; everyday anywhere from 400-500 people line up outside Tilganga hoping to have their sight restored. Together with our partners, we are creating a center for excellence in eye care education, training and service delivery that will accommodate the needs of all citizens in the region for years to come.

The Expansion will facilitate Tilganga's transition from an outpatient cataract surgery center to a tertiary eye hospital of the highest caliber. It will broaden the quality of eye care services provided, allow diagnosis and treatment in all areas of ocular pathology, address the pressing need for inpatient facilities and provide a referral facility for complex cases throughout the Himalayan region. The Expansion will also provide space for full implementation of our American standard ophthalmology residency program (instituted in 2004) and permit the training of more high quality ophthalmic assistants. Research productivity will also be increased.

2005 was a seminal year for the campaign. We made the transition from concept to concrete as all planning, bidding and preparation transitioned to work on the ground. Our talented construction team of Tilganga staff led by Rabindra Shrestha, together with Nepali contractors and our consultants, worked hard to anticipate and weather the stop-and-go challenges created by King Gyanendra's suspension of democratic governance in February and the ongoing Maoist insurgency. Creative planning was required almost weekly to prevent interruptions in materials delivery and to keep the workforce focused on the project through strikes, blockades and numerous disturbances in Kathmandu.

Changes in the Government of Nepal complicated our efforts to secure approval of our Environmental Impact Assessment by the Ministry of Population and Environment (MOPE). In the middle of 2005 MOPE was split



**West Elevation**

apart and divisions re-assigned to other Ministries. But for the persistence of Tilganga's own Surendra Paudel and our consultants from the Scientific Centre for Environmental Consulting, project approval would have taken many more months. We are proud to report that the team's diligence paid off: the Expansion was granted the *first* Environmental Impact Assessment approval for a hospital in the history of Nepal.

In April the project site was cleared, materials and workers arrived, and construction commenced [see Highlights]. By the end of



2005, our first phase of construction (basement and ground floor) was nearing completion and planning had advanced substantially for Phase II (first and second floors) to commence in the early months of 2006. We actively pursued funding for Phase III (estimated USD \$2.3 million) which will add two additional floors designed to provide classrooms for training, apartments for visiting students, other vital infrastructure and all essential commodities. In June we submitted an application to ASHA requesting \$1.1 million to support Phase III, and expect a response in early 2006.



Construction photos, November 2005. Nearing completion of the basement and ground floors.

Finally, sincere thanks must be granted to our many supporters - hundreds of individuals, more than a dozen foundations and the US government - your generosity is sincerely appreciated, and we are proud to share with you the news that our capital campaign has reached beyond the \$2 million dollar mark.



### 2005 Construction Highlights

- Construction Services Contract finalized with ANK, Inc. January.
- King Gyanendra overthrows elected government. February.
- Public hearing on the Final Environmental Impact Assessment, no adverse comments. February.
- ASHA Director George Like visits Tilganga, tours project. March.
- Nepalese Ministry of Population & Environment (MOPE) authorizes site protection works. Clearing, layout, earthwork/excavation, de-watering, and surface leveling commence. April.
- Anti-termite, geo-textile laying, gravel packing, Reinforced Concrete Cement (RCC) casting begins for raft foundation. May.
- Formwork, bar bending and laying reinforcement bar, RCC casting continues on foundation, shear wall (basement), and columns. June.
- Basement retaining wall complete. July.
- RCC for raft foundation, basement walls, ceiling and ground floor slab complete. Form work well underway for ground floor ceiling. August.
- Final EIA approval. Tilganga becomes first hospital in Nepal to comply with environmental regulations. September.
- Mandatory 3-year environmental monitoring commences. September.
- ASHA awards \$400,000 for Phase II. September.
- The Fred Hollows Foundation pledges \$225,000 for Phase II. November.
- Negotiations with contractor commence for Phase II. November and December.

### Funding Update (as of press time)

<b>Total Goal</b>	<b>\$4,409,000</b>
<b>Raised to Date:</b>	<b>\$2,806,000</b>
<b>Balance to be Raised:</b>	<b>\$1,603,000</b>

## COUNTRY PROGRAMS

The Himalayan Cataract Project works with Tilganga and uses the Centre as a base to support further outreach work outside of Nepal - in northern India, Bhutan, China & Tibet and even beyond the Himalayas. With support from the Himalayan Cataract Project, teams from Tilganga go to the other Country Program sites to conduct eye camps and training workshops as well as provide mentoring for new eye care centers. While each Country Program is unique in its scale, scope and history, all of the programs are based on the tenets established at Tilganga - emphasis on training local personnel and providing high-quality eye care to all, regardless of a patient's ability to pay.

"Once you've seen the look on a person's face after they've had sight restored, it makes your life complete."

**Geoff Tabin, MD**

Co-Director

## INDIA

In 2004, the Himalayan Cataract Project, in conjunction with the Paramita Charitable Trust, established a cataract surgery facility in Kalimpong, India - the Jomgon Kongtrol Eye Centre Kalimpong. The eye center, which is part of the Jomgon Kongtrol Memorial Home housing an orphanage and a home for the elderly, is making steady progress. Dr. Sona Bhutia is the head ophthalmologist and is working with the team at Tilganga to steadily increase the patient visits. Dr. Sona reports that "our eye centre is doing quite well. It has a good reputation in the region. It gives me immense satisfaction to provide even simple treatment, which the patients would never have access to

were it not for the centre. We have a steady flow of patients except during local disturbances by climate, politics and festivities! I am regularly doing sutureless cataract surgery with good results." We will be working with Dr. Sona to increase patient visits in 2006, both at the Centre and in outreach eye camps.

### 2005 Results at a Glance

#### Jomgon Kongtrol Eye Centre Kalimpong

##### Local Staff:

Ophthalmologists	1
Assistant, tech, nurse	6
Support	2

Eye surgeries - clinic	185
Eye surgeries - camps	26
TOTAL surgeries	211
Patient screenings - clinic	6,172
Patients screenings - camp	1,210
TOTAL screenings	7,382



## BHUTAN

The Himalayan Cataract Project and the Royal Government of Bhutan signed a second five-year agreement in May. The program is designed to provide eye care services as an integral part of primary health care in Bhutan with the ultimate goal being to prevent, control and cure major causes of avoidable blindness, and to make essential eye care services available to all. The program aims to increase the number of cataract surgeries by 400 each year, with the goal of reaching 3,000 cataract surgeries in 2010.

Year	Target # Cataract Surgeries
2005	1,000
2006	1,400
2007	1,800
2008	2,200
2009	2,600
2010	3,000

The World Health Organization recommends a cataract surgery rate of 3,000 per million population. As Bhutan's population is approximately 700,000, 3,000 cataract surgeries per year will be well above the WHO recommended rate. Bhutan met its target surgical goal for 2005 of 1,000 cataract surgeries.

Education and training play a large role in the Bhutan program as well. Co-director Dr. Geoff Tabin was quoted in *Kuensel*, Bhutan's National Newspaper, "the greater goal is to equip Bhutan with manpower to avail comprehensive eye care services to its people. The project will focus on more outreach free cataract surgery in the rural areas." Over the next five years, eye doctors and specialists from Bhutan will train at the Tilganga Eye Centre in Kathmandu, Nepal and at the John A. Moran Eye Center in Salt Lake City, Utah. Since its inception in 2000, the Bhutan program has been made possible through the generosity of Mr. Mark Daniell.



Rai Yashoda, 11, from Gelephn has a specially designed Nepalese weight placed on her eye used to prepare the eye for cataract surgery.

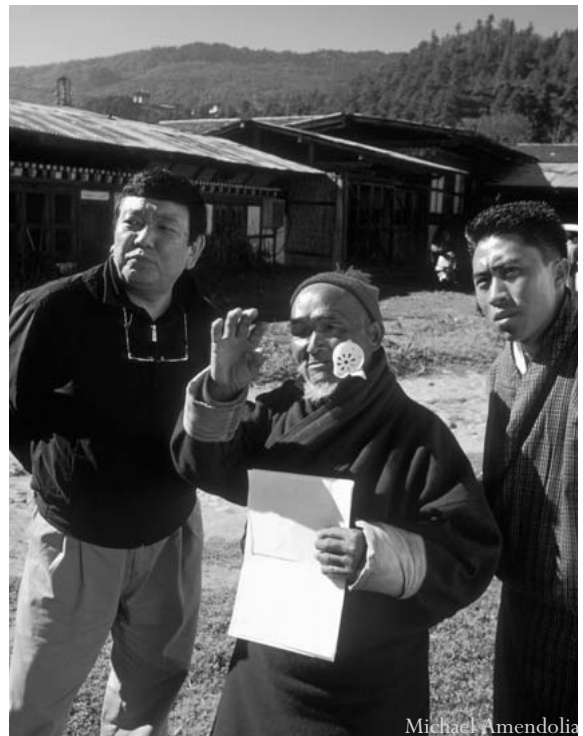
### 2005 Results at a Glance

Eye surgeries - hospital	734
Eye surgeries - camp	278
TOTAL surgeries	1,012

Patient screenings - hospital	30,286
Patient screenings - camp	7,794
TOTAL screenings	38,080

### School Program

Schools visited	343
Students examined	66,421
Glasses distributed	1,530



Kuelung explains to Dr. Ruit what he can see of the surrounding mountains. The 75-year-old grandfather Kuelung lost his right eye in a bear attack 30 years ago. He has been unable to read from his left eye for 9 months. A day after his operation he is able to see the mountains.

## COUNTRY PROGRAMS

### CHINA/TIBET

The Lhasa Institute of Eye Care officially opened on August 9, 2005 after a handful of political delays. The philosophy of the Centre is based upon that of Tilganga - it will serve as a base for training and conducting outreach programs in addition to treating patients from the Lhasa area with eye disease. The Institute was inaugurated during an eye camp and surgical workshop with a team from Tilganga. During the 5-day eye camp at the beginning of August, the team screened 1,114 patients and performed 344 cataract surgeries. More than 10 eye doctors and 15 nurses observed surgery and participated in non-phaco suture and suture-less microsurgical techniques lectures given by Dr. Ruit. Following its inauguration, the Institute saw approximately 115 outpatients per month and performed approximately 22 surgeries per month. The Institute has a total of 6 staff members: 2 ophthalmologists, 1 head nurse, 1 administrator and 2 support staff.



Prior to the eye camp in Lhasa, a team from Tilganga led a series of cataract surgical workshops in Xining and Hwolong in the Qinghai Province at the end of July. There were four operating tables: one with Co-director Dr. Ruit, one with Co-director Dr. Tabin, and two with local eye doctors that rotated. More than 20 eye doctors observed the surgery in the theater and watched the microscope monitor as well. The team performed 651 surgeries and screened 1,386 patients.

The cataract workshops were supported in part by a Swiss organization, Vision Tibet, as well as through collaboration with local organizations: Qinghai Tibetan Research Centre in Xining and Hwolong and Tibet Development Fund in Lhasa. The Himalayan Cataract Project continues to support and train local medical personnel in China and Tibet to further our mission of establishing an eye care infrastructure through the education of local eye care providers.



Mingma Tashi and Karma Norge, 12 and 11 year old boys, had both been bilaterally blind for much of their lives due to congenital cataract. The pair was very happy after receiving sight back in both of their eyes. They had not been able to go to school due to blindness. Both of them said, "We will go to school after going back home"...



Lobsang Choeden, 57, had been bilaterally blind due to cataract for 3 years. She attended the surgical workshop, after walking for 7 days from a remote village. Dr. Ruit operated on both of her eyes. The next day, when the eye patches were removed, she started to cry. Then she started giving thanks to the doctor in her own language saying "Thuchichhe", "Thuchichhe" many times over.

## HCP - BEYOND THE HIMALAYA

### NORTH KOREA

The Himalayan Cataract Project and the Tilganga Eye Centre have embarked on a long-term effort to train North Korean providers and establish a quality eye care infrastructure. This initiative started in 2004 when the HCP supported microsurgery training for two North Korean ophthalmologists at Tilganga, Dr. Kang Hongchan and Dr. Ri Kang Un, and supplied microscopes and surgical instruments. In 2005 the Himalayan Cataract Project supported training for another pair of North Korean ophthalmologists at Tilganga, and Dr. Ruit led a cataract workshop in North Korea. The objectives of the workshop were to provide ophthalmic medical and surgical treatment, create awareness about eye care services in the community, develop and maintain relationships within the eye care community, train local medical providers, and initiate an eye health education program. During the course of the week, 707 surgeries were performed. Of the 707 patients, 80 percent were blind in both eyes before surgery and 19 percent were suffering from severe bi-lateral visual impairment. Plans are in place for further training of medical personnel and future skills transfer workshops. The Himalayan Cataract Project's involvement has been to support the training of North Korean providers at Tilganga. This training has been made possible through a grant from the Sarlo Foundation.



O Se Bok (6) from Haeju is examined by Dr. Ruit after his operation as his grandmother and mother look on. After Dr. Ruit left, the boy stood under the portraits of leaders in the post operative room and sang three traditional Korean songs lasting 7 minutes or so.



Three women recovering from their surgery at a guest house in Haeju.

**“We want to create a revolution in modern cataract surgery here in North Korea. It’s probably one of the last places I know of that desperately needs a comprehensive blindness prevention program.”**

**Sanduk Ruit, MD**

**Co-Director**

## NOTEWORTHY

### Directors Ruit and Tabin receive Pacesetter Award from New York Hospital

Co-directors Dr. Ruit and Dr. Tabin were the recipients of the 2005 Pacesetter Award, presented by New York Hospital Queens. The award was presented at Lincoln Center in June and honored the doctors for their humanitarian efforts to treat preventable and curable blindness in the poorest mountain villages of the Himalayas and throughout the underdeveloped world.

PHOTO, from left: George Heinrich, MD, Chairman, Board of Trustees, New York Hospital Queens; Sanduk Ruit, MD; Lisa Ling; Geoffrey Tabin, MD; and Stephen Mills, President and CEO, New York Hospital Queens.

### The New York Times

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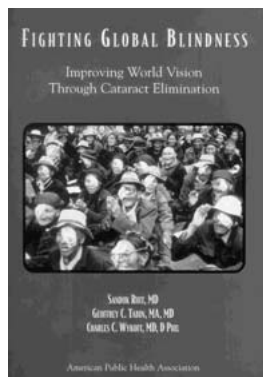
NEW YORK, MONDAY, JUNE 6, 2005

#### New York Hospital Queens

Congratulates the recipients of

#### THE YEAR 2005 PACESETTER AWARD

SANDUK RUIT, M.D. AND GEOFFREY TABIN, M.D.  
Co-Directors, THE HIMALAYAN CATARACT PROJECT



### Fighting Global Blindness Book

The HCP wrote a book, published by the American Public Health Association, describing in detail our program design and method for confronting blindness worldwide - it has been described as the “step-by-step manual to solving the problem [of cataract blindness]”. Further details on our website.

### HCP headlines new column on international humanitarian ophthalmology

In the October 2005 issue of *Cataract & Refractive Surgery Today*, Chief Medical Editor, Dr. David Chang, announced that Co-director Dr. Geoff Tabin would be editing a regular column on international humanitarian ophthalmology. To kick-off the column, the journal featured a Special Focus section on Tackling World Blindness with articles from the world's leading experts. Links to the articles are on our website.



Co-director Dr. Geoff Tabin and Dr. David Chang

## HCP teams with The North Face for two remote eye camps in Nepal

The North Face outdoor equipment company sponsored two remote eye camps in the spring as part of an expedition to raise awareness for curable blindness in mountainous Asia. The expedition, led by long-time HCP Champion Pete Athans, included two remote eye camps in Jiri and Phaplu, Nepal and a mountaineering segment on Cholatse. The December issue of *Outside* magazine featured a cover story on the Himalayan Cataract Project and the expedition. Michael Brown of Serac Adventure Films produced a film titled *Light of the Himalaya* that was named Best Colorado Film at the Boulder International Film Festival this past February.



### Trek & Trail Run to Benefit HCP



The Nepal Trek and Trail Run is a two-week guided trip to Nepal featuring a half marathon to benefit the Himalayan Cataract Project. The trip is designed for participants of all ages and interests, beginning with a sightseeing tour of the temples and sites in the Kathmandu Valley (including a tour of the Tilganga Eye Centre), then a flight to the beautiful lakeside village of Pokhara to begin the trek. A portion of the proceeds from the Nepal Trek and Trail Run will benefit the Himalayan Cataract Project. The Nepal Trek & Trail Run hopes to raise enough funds to sponsor a remote eye camp that will screen 1,000 patients and perform 250 surgeries. Interested travelers can learn more about the trip and register at [www.nepaltrekandtrail.com](http://www.nepaltrekandtrail.com).

### Some Thoughts Looking Back...by Pete Athans

*I've returned from alpine climbing and philanthropic work in Nepal, our expedition climbing Cholatse in the Everest region, a six thousand meter peak nearby Everest known for it's elegant, difficult ridges and imposing serac-guarded escarpments. This mountain was our ostensible challenge and emblematic*



Expedition leader, 7-time Everest summiter and HCP Champion Pete Athans with patients in Nepal.

*of our philanthropic challenge: curing cataract blindness that has reached epidemic proportions in the Himalayan nations of Nepal, Tibet, China, Bhutan, Pakistan and India and is a significant, challenging issue facing global health. The backlog of these cases has reached staggering proportions, estimated at more than 300,000 cases in Nepal alone, a virtual mountain of an obstacle. Our climbing team of Abby Watkins, Conrad Anker, Kevin Thaw and Jordan Campbell worked side by side with Dr Geoffrey Tabin and Dr. Sanduk Ruit of the Himalayan Cataract Project to restore the eyesight for more than 300 indigent Nepalis in the eastern villages of Jiri and Phaplu. Our team was both successful in climbing Cholatse and in beginning to roll back the numbers of patients suffering from cataract blindness. Were you to poll the climbers who achieved Cholatse's summit whether climbing was more satisfying than seeing the joyous expressions on our friends' faces once they had their protective patches removed and sight was restored, you might not be surprised. Our team would unite as a single voice, saying that witnessing the restoration of sight was this expedition's greatest success.*

*Yes, I'll confess I am an incurable dreamer who appreciates all the climbing disciplines as an antidote to the triviality, false seriousness and general banality of the sometimes absurd and quotidian lives we lead. Alpinism in my mind is the tree of many branches that comprises bouldering, sport and rock climbing, ice climbing, mixed climbing, mountaineering. I see all those disciplines as enhancing our world, inspiring our achievement and redeeming us, liberating our dreams. If those too old in spirit no longer dream, if they suffer the sterility of knowing what to expect, then the endlessly fertile and youthful imaginations of those who know how to dream must intervene. Life is a miracle to be celebrated and climber-dreamers transport everyone, old and young, to surprising elevations comprising the infinite and eternal, the unexpected, the sensual and the uninhibited. Continue to dream, to climb and explore with an open eye to redeeming those less fortunate. The Himalayan Cataract Project continues to open the eyes of many, both those of the blind and those thirsty for a greater vision.*

## HCP - 2005 SUPPORT

The Himalayan Cataract Project wishes to extend our sincerest thanks to the many foundations, individuals and businesses who support our work.

### **\$100,000 AND ABOVE**

Freeman Foundation  
Nancy Allison and Robert Perkins  
Thomas and Ancella Toldrian  
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### **\$50,000—\$99,000**

Claire Giannini Fund  
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**\$1-999**

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## HCP - 2005 SUPPORT

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 Janet and William Ziecina

The Himalayan Cataract Project enhances the generous financial support of our donors with the invaluable service of volunteers who share their time, expertise and services as well as businesses, organizations and individuals that provide consumables and goods for our work. The medical volunteers assist in our educational programs, teaching the next generation of ophthalmologists from the developing world. The non-medical volunteers share their photography expertise and promote the organization. The Himalayan Cataract Project greatly appreciates the generosity of the following businesses, organizations and individuals that contributed in-kind support, totaling nearly \$350,000.

### **Medical Services**

Dr. David Chang  
 Dr. Michael Morley  
 Dr. Matt Oliva  
 Dr. Frank Price  
 Dr. Bill Richheimer  
 Dr. Linda Rose  
 Dr. Geoff Tabin  
 Dr. Michael Wiedman

### **Non-Medical Services**

Michael Amendolia  
 Pete Athans  
 Kristoffer Erickson  
 Ace Kvale  
 Andrew Lindblade  
 Promenade Magazine  
 Keith Rudman  
 Wachovia Securities

### **Consumables and Goods**

Accutome, Inc.  
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 Bausch & Lomb  
 Lance Bergstrom, MD  
 Global Links  
 HUCO  
 Ophthalmic Consultants of Boston/  
 Center for Eye Research and Education



# HCP - FINANCIALS

## STATEMENTS OF ACTIVITIES

Years Ended December 31, 2005 and 2004

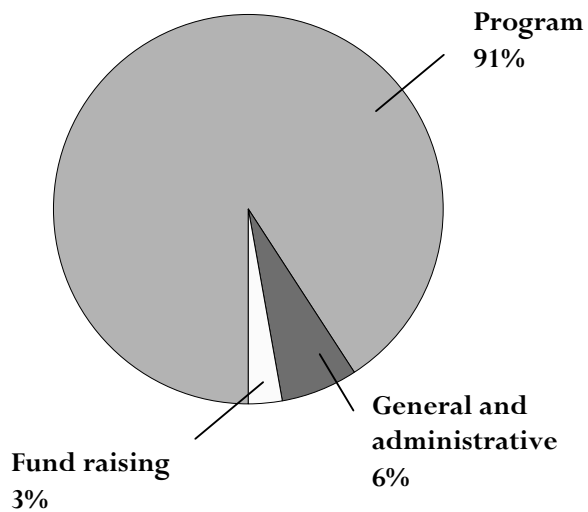
	<u>2005</u>	<u>2004 Restated</u>
Change in unrestricted net assets		
Public support and revenue:		
Public support:		
Contributions - cash	\$ 313,718	\$ 277,325
Contributions - non-cash	347,064	614,865
Grants - federal government	300,000	--
Grants - foundations	<u>257,025</u>	<u>149,000</u>
Total public support	<u>1,217,807</u>	<u>1,041,190</u>
Revenue:		
Investment income	29,915	20,673
Net realized gains (losses) on investments	<u>(5,225)</u>	<u>16,013</u>
Total revenue	<u>24,690</u>	<u>36,686</u>
Total public support and revenue	1,242,497	1,077,876
Net assets released	<u>219,936</u>	<u>678,590</u>
Total public support, revenue and net assets released	<u>1,462,433</u>	<u>1,756,466</u>
Expenses:		
Program	1,041,144	1,311,641
General and administrative	71,000	75,927
Fund raising	<u>32,404</u>	<u>25,395</u>
Total expenses	<u>1,144,548</u>	<u>1,412,963</u>
Increase in unrestricted net assets	<u>317,885</u>	<u>343,503</u>
Change in temporarily restricted net assets		
Contributions	61,750	43,685
Grants	242,225	164,905
Net assets released	<u>(219,936)</u>	<u>(678,590)</u>
Increase (decrease) in temporarily restricted net assets	<u>84,039</u>	<u>(470,000)</u>
Increase (decrease) in net assets	<u>401,924</u>	<u>(126,497)</u>
Net assets, before restatement	--	1,115,877
Cumulative effect of change in basis of accounting	<u>--</u>	<u>150,000</u>
Net assets, 2005; as restated, 2004	<u>1,139,380</u>	<u>1,265,877</u>
Net assets, ending	<u>\$1,541,304</u>	<u>\$1,139,380</u>

The Statements of Activities and Financial Position for the years ended December 31, 2005 and 2004 have been drawn from audited financial statements. To obtain copies of our complete 2005 audited financial statements, please contact us at [info@cureblindness.org](mailto:info@cureblindness.org). Note: 2004 is being restated due to a shift in accounting from cash-basis to accrual.

**STATEMENTS OF FINANCIAL POSITION**  
**December 31, 2005 and 2004**

	<u>2005</u>	<u>2004 Restated</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 772,747	\$ 520,522
Grants receivable	50,000	150,000
Interest receivable	<u>10,335</u>	<u>4,975</u>
Total current assets	<u>833,082</u>	<u>675,497</u>
<b>INVESTMENTS</b>	<u>706,947</u>	<u>462,182</u>
<b>EQUIPMENT, net</b>	<u>1,275</u>	<u>1,701</u>
	<u>\$1,541,304</u>	<u>\$1,139,380</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>NET ASSETS</b>		
Unrestricted	\$1,307,265	\$ 989,380
Temporarily restricted	<u>234,039</u>	<u>150,000</u>
	<u>\$1,541,304</u>	<u>\$1,139,380</u>

**Expenses FY 2005**



## HCP - AFFILIATIONS

The Himalayan Cataract Project works in conjunction with a wide network of organizations, institutions, companies, and individuals whose shared goals of delivering health care to the underserved converge to strengthen our mission to eradicate preventable and curable blindness.



Kristoffer Erickson

### AFFILIATED MEDICAL INSTITUTIONS

Tilganga Eye Centre

University of Utah, John  
A. Moran Eye Center

Royal Victorian Eye and  
Ear Hospital,  
Melbourne University

Aravind

California Pacific  
Medical Center

KATH Hospital, Ghana

Kathmandu University

L.V. Prasad Eye Institute

Storm Eye Center,  
University of South  
Carolina

### AFFILIATED ORGANIZATIONS

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Fred Hollows Foundation

International Agency for  
the Prevention of Blindness  
(IAPB)

Lions International

ORBIS International

Rotary Club International

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Tibet Development Fund

Tibet Fund

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Kristoffer Erickson

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### MAIN OFFICE

Himalayan Cataract Project  
 PO Box 55  
 Waterbury, VT 05676 USA  
 Tel: 802.522.9976/603.731.3494  
 Fax: 802.649.1041  
 Email: [info@cureblindness.org](mailto:info@cureblindness.org)

### MEDICAL CENTER - US

Himalayan Cataract Project  
 Moran Eye Center  
 50 N. Medical Drive  
 Salt Lake City, UT 84132

### MEDICAL CENTER - ASIA

Himalayan Cataract Project  
 Tilganga Eye Centre  
 GPO 561  
 Gaushala, Bagmati Bridge  
 Kathmandu, NEPAL

**Charity Navigator awarded the Himalayan Cataract Project its highest rating of 4-stars for "sound fiscal management."**



Charity Navigator is America's largest independent evaluator of charities. The company explained the rating as follows: "Receiving four out of a possible four stars indicates that your organization excels, as compared to other charities in America, in successfully managing the finances of your organization in an efficient and effective manner. This rise in your rating is an exceptional feat, especially given the economic challenges many charities have had to face in the last year." The Himalayan Cataract Project maintains a low administrative overhead, sending 91% of all funds raised directly into programs.

*\$18 covers the cost of one sight-restoring cataract surgery*

**The Himalayan Cataract Project is at the forefront of international organizations working towards the eradication of preventable and treatable blindness in the high altitude regions of Nepal, India, China, Tibet, and Bhutan.**

Himalayan Cataract Project  
PO Box 55  
Waterbury, VT 05676

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