The VOSH International annual meeting took place on October 27, 2019 in Orlando Florida. It was represented by many chapters from all over the world as well as international organizations that participate in the VOSH mission. The theme of the meeting was “Big Vision, Small World.” Big Vision being; accessible, affordable, high quality eye health and vision for everyone. Small World referring to the many changes taking place in the profession allowing more connections that are reducing distances and barriers to care. The meeting supported its theme very well by bringing doctors together in order to learn from each other, network and inspire one another in the common mission of VOSH.

After the president’s and financial reports were read, the 3 impressive SVOSH video finalists were played and voted on. Humanitarian of the Year was awarded to Suzy Eberle whose work in Nicaragua provided a great model of a sustainable clinic. The Life Achievement was awarded to Max Bruss from VOSH South East.

Daniel Twelker, OD PhD was sworn in as the incoming president of VOSH International. Dr. Twelker works at the University of Arizona at the Department of Ophthalmology and Vision Science as Associate Clinical Professor. He has been the President of VOSH-Arizona since 2005. In the fall of 2015, Dr. Twelker took leave of his position in Arizona to teach in China.

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ANNOUNCEMENTS

UPCOMING VOSH ONE TRIPS

- Feb–March 2020 – with VOSH Santa Cruz to Lake Atitlan, Guatemala. Coordinate with Pierre Labine, Montreal, Canada
  contact: pierre.labine@sympatico.ca

- April 2020 – SVOSH mission with NECO students in collaboration with Batey Relief Alliance at a Batey in Dominican Republic.

- October 2020 – Tentative trip to Nepal- Coordinated by Dr. Derek Feikke, idocderek@gmail.com

BECOME A MEMBER!

Support VOSH-ONE
Help support our cause in bringing eye care to people in underprivileged countries around the world by donating or by becoming a member of VOSH-ONE today.

Reminder: Annual dues, $40
Please join VOSH-ONE and help provide the gift of sight to needy individuals in other countries or within our own borders. Membership dues can be paid online at:
http://www.vosh-one.org/donations-or-become-a-member.php

or mail your check to:
VOSH-ONE Treasurer
Dr. Andrea Murphy
P.O. Box 371
Grantham, NH 03753

UPCOMING VOSH ONE MEETING

- Sunday, Apr 26, 9:15 am - 1:30 pm, New England College of Optometry, 424 Beacon Street, Clausen Room, Boston, MA 02115
At the November 2020 meeting, VOSH ONE met in Ipswich, which is the hometown of Harry and his wife, and we were delighted to have them both attend the meeting. At the meeting, Harry was informed we were naming the VOSH ONE travel stipend scholarship as the Harry Zeltzer Travel Stipend Scholarship in honor of all his dedication and years of contribution to humanitarian services.

Dr. Zeltzer graduated from the Mass College of Optometry (now called the New England College of Optometry) in 1952. He practiced Optometry for 35 years in Waltham, Massachusetts and made significant contributions to the field of vision. He invented and patented a contact lens called the X-CHROM which is used to treat color deficiency.

During private practice, he was a consultant to Helen Keller International for its development of “Childsight.” He also served at Natick Lab as a Lieutenant Colonel in the US Army Reserve, researching the effect of military stress on the visual system. During World War II he served in the occupation of Japan.

After retiring from private practice and the military, he committed to humanitarian service. Besides his other pursuits, which included running an antique shop in Ipswich, he initiated and/or participated in many missions around the world, predominantly in Latin American and Eastern Europe, including spending several months in Mexico. He founded and was the past president of VOSH ONE (regional Northeastern state chapters) and past president, past executive director, and webmaster for VOSH International for many years.

Harry was singularly responsible for the growth, impact of VOSH-International. He oversaw the website in its early days and raised its profile significantly. He would respond to posts - and in a timely manner - providing it a bigger, wider, presence. He recruited ODs to participate in VOSH trips and encouraged leaders to submit reports and photos that could be posted on the website and at meetings so others would be inspired to volunteer. He was persistent, dedicated, and expressed appreciation to those who served around him.

Dr. Zeltzer is a life member of the American Optometric Association, the American Academy of Optometry and the New England College of Optometry. He was recognized as the Essilor-UNESCO Humanitarian of 2003, the Honorary Doctor of Ocular Science of the New England College of Optometry in 2004 and the VOSH/International Lifetime Achievement Award 2008.
Dr. Harry Zeltzer Travel Stipend

In an effort to encourage and support new VOSH-ONE trip leaders, VOSH-ONE is offering $500 travel stipends to VOSH-ONE members who are planning their first eyecare mission.

Recipients of the travel stipend will be paired with an experienced VOSH-ONE member who will act as a mentor to support the recipient during their trip planning process. Named after the esteemed Dr. Harry Zeltzer, one of the founding members of VOSH-ONE and well known for his contributions to VOSH through VOSH-ONE and VOSH-International, VOSH-ONE hopes that this small stipend and mentorship will help ease the burden of planning a first trip. Whether you qualify for the VOSH-ONE stipend or not, VOSH-ONE is here to help support you in planning any of your eyecare missions. Please reach out to us if you would like to be paired with a mentor or if you have any questions.

Travel Stipend Requirements:
1. The applicant must be a VOSH-ONE member. New members are welcome to apply.
2. The applicant must be the primary organizer or co-organizer of the proposed eyecare mission and/or be training to be the organizer of a future trip. This trip must be the first mission for which the applicant is the primary organizer or organizer in training.
3. The applicant must be able to provide the name of a liaison who will be helping facilitate the trip from within the country being traveled to.
4. At least 200 people/patients must be serviced during the mission.
5. The applicant must write a short report to be included in the VOSH-ONE newsletter following completion of their trip.

**Students do not qualify for this stipend, but new graduates are welcome to apply

Visit the VOSH-ONE website at www.vosh-one.org for more information or to apply.

The year was 1988. I was a third year optometry student going on my first VOSH trip to Mexico. There I met Harry Zeltzer, a retired optometrist from Waltham, MA and his wife Joan Richards, a midwife. He taught me how to do trial frame refractions, use a spot retinoscope, and use a Shiotz tonometer.

Fast forward 30 years and I now practice in the same city that Harry did. I now take care of some of the same people he did way back when. I have done 15 VOSH trips. He has done so many he lost count. Joan has been on most of them learning to speak Spanish and becoming an excellent Optometric tech along the way. Over the years he has shared his knowledge with hundreds of optometry students and provided compassionate vision care to tens of thousands of people all over the world.

I hope future recipients of the Zeltzer scholarship continue his mission and honor his legacy.

Lee Lerner
When I heard about the award from Lee Lerner I wondered if I really earned this honor or if Lee is kidding around for the deadbeats I referred to his practice? Then realizing that Lee is a good friend and my wife’s optometrist I took his call seriously.

It’s an honor to be here today. I’m truly grateful for having a VOSH-ONE scholarship named after me. That it will ease the cost for a student going on a VOSH mission. Thank you for the honor of being identified with VOSH-ONE.

VOSH-ONE is a success story of the last 25 years. Our first president, was the late Dr. Phil Richmond who with Joe and Zabelle D’Amico, Lee Lerner and myself began the chapter. Unfortunately, Phil died in office before realizing his dream... a dream that came true for those who remained.

VOSH-ONEs accomplishments is the result of many. I remember the formative years of VOSH at an optometry conference in Providence, R.I. promoting VOSH with an Uncle Sam poster that read “We need you”.

Zabelle was our editor...... Joe, Lee and I were the recruiters.

As the membership grew so did our missions.

Bina Patel conducted a student mission every year to the bateys of the Dominican Republic. Joe D’Amico built an eye clinic in Nicaragua. Derek Fefike furthered our treasury by running in several Marathons... and Jenifer Ambler who came to every meeting from Vermont became a director of VOSH/International.

My most memorable mission was treating indigenous people of the Yucatan for three months with my wife Joan, a nurse midwife who learned how to dispense eyeglasses.

The memories are more meaningful as I age. I’m grateful that I followed this path and to the colleagues who I met on the way.

It’s great that you came to Ipswich. I hope you come back next summer to enjoy the beach and have a cold beer.

Dr. Harry Zeltzer
The day you see your own patient makes being a student doctor feel real. You now have the knowledge to be trusted with someone’s health, and all the hard work you did until this point finally made you a key player in your patients’ healthcare. It was a rewarding moment for me to reach that point in my journey through optometry school and I thought nothing could top that feeling - but something did.

This year, 22 students and five doctors traveled to the Dominican Republic for the NECO SVOSH humanitarian trip to perform eye examinations on those in the underserved community of Guerra. On Sunday, April 5th, around 8:30 AM, we saw our first patients of the VOSH trip. “Don’t befooled by how your patients present themselves,” Dr. Patel told our group, “These patients put on their ‘Sunday Best’ clothing to come to their eye exams.” She was right. My first patient was a woman dressed like any other patient I had seen in the past; however, she never had an eye exam before due to the cost of seeking medical treatment.

Many of these patients had very little, but they were all so excited to be provided care, making them the most appreciative and kind patients I have ever met. Over the course of four days of patient care, over 600 patients received comprehensive eye examinations, prescription glasses, sun protection, and medications. By working with the Batey Relief Alliance and Gilden, we were able to reach a subset of the population that might not have had the chance to receive the medical care that they needed.
The Kathleen Horn VOSH-ONE Student Scholarship

Each year two eligible New England College of Optometry (NECO) students are awarded a $1000 scholarship from VOSH-ONE. This year, the scholarship has been named in memory of our good friend and colleague Kathleen Horn, OD. Sadly, Kathy succumbed to cancer January 2019.

Kathy graduated from NECO Cum Laude and under the Beta Kappa Sigma Honor Society in 1991. She was an active member of SVOSH, participating in 4 mission trips: 2 to Mexico, 1 to Colombia and 1 to Venezuela. She then went on to complete a multidisciplinary residency in Maine at Kittery Optometric and Ophthalmic consultants. This residency also included time as a clinical instructor at NECO, participating in an outreach mobile eye clinic which provided eye care to the homebound communities of Boston. She later joined Dr. Bina Patel in April of 2015 and 2016 on two annual NECO missions to the Dominican Republic, not only to provide eye care, but to also mentor and guide the volunteer students. She was thrilled to be part of the team providing eye care to the people living in Bateys in the southern provinces of the DR. She felt fulfilled to help those in need and it brought her joy to be able to share her skills. She enjoyed the camaraderie and friendship on those trips and was committed to the next mission before she had even finished the current one.

Kathy was passionate about providing care to underserved populations as evidenced by her commitment to VOSH. She was a compassionate and competent doctor, representing the mission of VOSH ONE. So with honor, we have named the student scholarship after her.

The following are the requirements for applicants to the scholarship:

1. Must have participated in a humanitarian trip related to eye care.
2. Submit a curriculum vitae that includes details of that humanitarian and volunteer work
3. Submit 2 letters of recommendation.
4. Submit an essay describing the experience and impact an eye-related humanitarian trip has had on you during your academic training at NECO. In addition, describe an interesting case you participated in during said mission.
Profile: Lindsay Michaud  
VOSH ONE 2019 Scholarship Recipient

My name is Lindsay Michaud, and I am a NECO graduate of the class of 2019. I am currently completing an ocular disease/primary care residency with the Maine VA Healthcare System. My residency in ocular disease is exposing me to a variety of corneal, retinal, and neuro ophthalmic diseases and conditions on a daily basis. I’ve also been fortunate to spend some time fitting scleral lenses and giving low vision examinations. I’m thankful for the opportunity to care for the Veterans of Maine because I’m gaining valuable experience in managing glaucoma, age related macular degeneration, and diabetic retinopathy, and I look forward to many years of treating patients with similar conditions. I work a compressed work schedule, which means I work four 10-hour days and I have every Wednesday off. I use my day off to work at a private practice every Wednesday, as well as occasional Saturdays. When I’m not at work, you can find me running, hiking, spending time outdoors, trying new restaurants/foods, and spending time with friends and family. Now that I’m back in my home state of Maine, I’ve been able to spend much more time with both my immediate and extended families in Maine and I’m so excited to be close to family for the upcoming holidays.

I was the Vice President of S-VOSH during my third year at NECO, and this role allowed me to step outside of my comfort zone and gain confidence in managing a group of 200+ students and an executive board of 12 students. I had so much fun organizing glasses sorting, vision screenings, and fundraising projects to raise the money to bring 22 students and 5 optometrists to the Dominican Republic in April 2018. Through S-VOSH, I fell in love with community outreach and using my optometry skills to help those that are underserved and without eye care. I applied for and was selected to participate in an optometric humanitarian trip to Ciudad del Carmen, Mexico in May 2019 with the OneSight organization. With about 40+ participants of opticians, optometry students, and optometrists from around the world, we were able to give care to 3,500 patients in 5 days. I still look back at that trip in awe of how a group of complete strangers came together to help such a vast amount of people in a short amount of time.

My plans post-residency include hopefully working at an OD/MD practice in southern Maine or coastal New Hampshire, and being fully prepared to treat and manage any ocular disease that comes my way. I see myself working in a small New England town where there is a great need for eye care providers. I also plan on staying active in national and state professional organizations, as well as join VOSH-ONE. I attended a few VOSH-ONE meetings when I was on the executive board of S-VOSH as a student, and I looked up to the optometrists that planned trips to South and Central America to give the gift of sight to those less fortunate. I plan on one day being one of those optometrists.
My Recent Optometric Experience in Mongolia

Bruce Moore, OD
Professor Emeritus, New England College of Optometry

Mongolia is a vast and sparsely populated country surrounded entirely by Russian Siberia and the Inner Mongolia region of China. It is bigger than Alaska and has a total population of 3 million people, more than half living in the capital and only major city, UlaanBaatar. It was a puppet regime of the Soviet Union up until the fall of the Berlin Wall in 1991, when it became an independent country with a somewhat democratically elected government. Historically the name Genghis Khan comes to mind, who controlled the single largest empire in the world’s history during the 13th and 14th century. For the most part, things haven’t been so good since.

When the Soviet Union fell, Mongolia reconstituted it’s institutions in the direction of a more Westernized system, including medicine. One very odd thing happened during this changeover. The few optical shops in UlaanBaatar were apparently very well connected to the first President of the country. They were able to mandate a vision care system whereby the only medical school in the country was no longer able to train young ophthalmologists on refraction or dispensing, as this was to be left to the optical shops alone. Practicing ophthalmologists were forbidden from refraction as well. Monopoly? There was then and still is no optometry. So, since 1991, no ophthalmologists were either trained or permitted to refract. Ophthalmologists were trained to varying degree on other elements of practice, with the best having some additional training outside Mongolia. Additionally, a few international eye care organizations, especially ORBIS, has over the last 10 years or so come into the country and provided training to a small number of ophthalmologists who are now taking on a critical role of improving training for both new and experienced ophthalmologists and managing more complex care. There are now about 100 ophthalmologists providing care, mostly in UlaanBaatar at the medical school and the handful of hospitals in the city, with only small numbers in regional centers spread out across the country.

Basic eye care is available in varying degrees in these regional centers, but anything beyond that is referred into the city. There is a national health care system, so at least on paper, everyone has access to care, but of course there are major deficits. Refraction is available through the optical shops on a fee basis. The quality, as you can imagine, is at best highly variable, and much less available outside the city. Complex spectacle RX’s are simply unavailable.

ORBIS has provided some training in Mongolia and has supported more advanced training of a few of the leaders of ophthalmology outside Mongolia in an effort to improve the level and availability of care. A major part of this effort is to improve the quality of refractive care, especially outside the city, where there is currently limited manpower and many go without. There is on the other hand, universal education at a primary and secondary level, and the country has

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made available substantial resources (much from international agencies and NGO’s) to improve the quality and the availability of education especially outside the city in the remote provinces. There is also a recognition of the relationship between a child’s health and that child’s ability to learn. As a result, a collaborative project was developed between ORBIS, local ophthalmology, and the Mongolian Ministries Of Health and Education to develop a means of providing refractive correction and more advanced eye care to children located in the provinces and the poor in the city. The concept of this project is to employ local school physicians and nurses (generally available in even remote provincial areas) trained in the use of a novel technique of self-refraction with support by regional ophthalmologists for those children unable to benefit from the self-refraction system.

I was asked to help plan, develop, and consult from a distance on this project through ORBIS using the U-See self-refraction system. I was to provide advanced training on refraction and more general pediatric eye care procedures to several provincial ophthalmologists who would then serve as trainers for the local school personnel and who would conduct gold standard eye exams on the children enrolled in the project.

A number of different self-refraction systems have been developed in recent years. There are both liquid filled variable focus spectacles (AdSpecs are the best known) and Alvarez lens based devices (for example FocusSpecs) that use two specially designed lenses that move relative to each other within a pair of spectacles. Both have their advantages and disadvantages, including relatively high individual cost, variable and often imperfect optics, weight, and poor cosmetic appearance. These designs serve as both a self-refracting device and as a means of final correction provided to the patient. A few other systems effectively splitting the two functions (self-refraction and final correction) in an effort to decrease cost and improve cosmesis, vision, and acceptability to the patient. The U-See is one of these latter designs.

The U-See was designed by Kevin White, a former US Marine Corp Officer who got interested ten years ago in one of the liquid filled designs (AdSpecs). After leaving the military, Kevin established his own philanthropy dispensing a large number of AdSpecs on missions to Africa. He identified shortcomings in that system and design, and after experimentation, he designed the U-See system. The U-See looks like a trial frame with a small lens bar containing a number of different powers (essentially between +6.00 and -6.00D) in a vertical array in front of each eye. The patient turns a knob that raises or lowers the lens bar in front of a slit in the visual axis for each eye separately. Following a specific protocol, the patient views a chart and adjusts the position and therefore the power to obtain clear distance vision. There is a fogging step employed.

In studies carried out at Johns Hopkins Medical School and by me at NECO, we determined that the issue of over-minusing was within acceptable limits (on average less than 0.50D) and the ability of patients to obtain good visual acuity was quite high. Those unable to obtain 20/30 acuity with a spherical correction alone are referred to an eye care provider. Once the power for each eye is determined through the U-See self-refraction device, a pair of snap-in spherical lens are put together into a frame from a kit and the VA rechecked. If OK, the patient gets those spectacles, if not, they are referred. The cost of the spectacles given

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to the patient is about $1.00 or less in volume, keeping costs way down compared to other self-refraction systems that have a coupled refraction and dispensing modality.

We are now completing a large-scale study on children in Vietnam to determine the lowest age that is possible, in consideration of using this system in school settings in the developing world where access to refractive care is limited or absent. The initial “peek” at the data from Vietnam looks like it can be used reliably down to 6-7 years of age, primarily on myopes, less certainly on moderate to high hyperopes, and with astigmatism up to about -2.00 in conjunction with myopia. More research is both necessary and is being carried out to refine the system, including in Mongolia.

My job in Mongolia was to train the trainers on the protocols and procedures in the study, and provide additional training to them on pediatric eye care because only a very few ophthalmologists in the country are trained and skilled in pediatrics. I spent several days doing this additional training at the only pediatric hospital in the country, along with doing direct clinical care and clinical teaching. It turned out that about half of all the ophthalmologists in the country attended those lectures and clinical sessions over a week or so. We saw vast numbers of young kids, some of whom traveled over 500 miles from as far away as the Gobi Desert and the border areas with China and Siberia. It was a pretty amazing experience. The ophthalmologists (both young and experienced) were intent on asking questions, getting detailed explanations of what was going on clinically, and in understanding the pathophysiology and underlying science behind the clinical conditions, something that is not so typical in their training or experience. There was an incredible desire to learn, and the patients were extremely thankful of the care from an American “specialist.”

The project plan is for each of these trainers to go back to their provinces and train about 20 school physicians and nurses each to see a total of about 50,000 children over a one year period. Each child who “fails” the self-refraction process mediated by the physicians and nurses and a percentage of those who “pass” will then undergo a comprehensive cycloplegic examination by those regional ophthalmologists. We are employing the PlenOptika QuickSee autorefractor as a starting point for these refractions because, unfortunately, the ability to do retinoscopy is very limited, and we felt that it would not permit the level of accuracy we needed for the study.

Our experience in this training and through data published on the QuickSee is that it is very accurate, more so in my experience than other autorefractors I have used over many years. There are a couple of impressive design elements that make this so. It is small, lightweight, and very portable, about the size of the Welch Allyn Spot photoscreener, it is binocular and measures both eyes simultaneously while the subject views a distant object, thus minimizing confounding accommodative responses. The binocular refraction approach also eliminates another problem with many other devices that are available and sometimes recommended for similar use in the

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developing world that first measure the right eye, and then seconds later the left eye, allowing accommodative response to change in that interval, creating anisometropic measures and inaccuracies. This overcomes those issues nicely. The cost is also lower, about $6000 per unit.

My training of the trainers occurred in October, and the local training by those ophthalmologists has just been completed. The project data collection is set to commence after New Years and will probably take about 1 year to complete. We are hopeful that this use of self-refraction will provide a better quality and far greater access to refractive care than what is currently available, especially in the remote provinces. We estimate that about 20% of the children will require further care in order to improve vision to an acceptable level of about 20/30 through the self-refraction and snap-in spectacle correction system. Children with the usual gamut of vision problems beyond “simple” refractive error, for example high astigmatism, amblyopia, strabismus, disease, etc., will be provided comprehensive exams in their provinces. The idea is to provide basic refractive care to the majority that will benefit from it, and not overload the limited resources for more sophisticated care, establishing a system of serving far more patients with basic eye care than before.

I am impressed that ORBIS has recognized that primary eye care with an emphasis on uncorrected refractive error is a critical issue in improving the visual status of people in the developing world, beyond their previous primary emphasis on teaching advanced surgical and medical eye care. The recent reports by the World Health Organization, IAPB (the International Association for the Prevention of Blindness), NASEM (the National Academies of Sciences, Engineering, and Medicine), and others have provided a focus on the issue of uncorrected refractive error as a major, if not THE major cause of functional blindness in the world. ORBIS has been paying attention and is working to solve this issue. Including optometry is also an important advance in collaborative efforts to solve the world’s enormous vision deficits.

I had the wonderful experience of working with local professionals on this project that desperately want to learn and to serve the vision care needs of their fellow Mongolians. They are a wonderful, friendly, and warm group of people who live in a place that few Americans have had a chance to visit, or even think about. I particularly enjoyed working with the parents and children. Although communication was at times somewhat difficult and complex, human values don’t change anywhere in the world. Parents everywhere want the best for their children and they want their children to have the opportunities afforded through education and good health, just like here in the US and everywhere else around the world. It was an honor and a privilege to have an opportunity, in a very small way, to represent the traditional ideals of our country above all of the recent “noise” of politics.

And finally, the one wonderful lesson that I have experienced everywhere I have gone and worked as an optometrist, is once you look into the eyes of a child anywhere, regardless of the differences in language, culture, race, ethnicities, etc., is everyone is the same. All eyes look the same, all children and parents are the same. This is the wonderful and recurring experience I get when I serve people far from home. All of us involved in our profession of optometry, both here at home and especially far from home, experience that very same emotion, and make each of us appreciate how much optometry has meant on a personal level to each of us.

...human values don’t change anywhere in the world. Parents everywhere want the best for their children and they want their children to have the opportunities afforded through education and good health.
A Letter from the President

At a recent VOSH One meeting, a lively discussion brought us around to the topic of our mission. We all had a sense about VOSH’s goals, but to put in writing our exact mission statement, we all had to reach for our cell phones. As stated on the VOSH International website, “Our mission is to provide the gift of vision and quality eye health to people worldwide.” Now, “why would anyone put their life on hold, paying their own expenses, travel to a different part of the world to give others they don’t even know, the gift of sight?” This was a question posed by Michel Listenberger, OD, FVI in his book, Bringing the World into Focus: The Story of VOSH. His answer to this profound question came in the form of a 9-year-old girl in Mexico. The following is an excerpt from the book:

A Whole New World

“While on a VOSH mission in Mexico I met a nine year-old ‘princess’ who showed me a ‘whole new world.’

I was working in a crowded exam room with a group of eye doctors. The room was dark; I was sweaty and my mouth was dry from talking with too many people. An endless line of patients and their children keep coming through the clinic. By the afternoon of the second day, hundreds of faces start to take on a numerical identity. ‘How many have we seen?’ ‘How many are still waiting?’

Just as my mind began to drift to the endless line of patients, I felt a gentle tug on my sleeve. It was my wife, Judy. She whispered to me to come outside. As I entered the sunlight I shielded my eyes and refocused on the little nine year-old girl standing next to her mother. She was wearing a sundress, she had dark hair tied with a ribbon, large dark eyes framed by a round pair of brown glasses, and her eyes were reaching into mine. She was clutching in her fist a bouquet of wilted flowers that she had picked along the roadside. She offered them to me as a gift.

It turned out that the day before, I had examined her and given her first pair of glasses, which because of the power, opened up a whole new world of sight to her. She and her mother had taken a bus ride three hours each way to come to our clinic the day before. They were so appreciative that they took the same three hour trip back to say thank you with flowers. The day before she was a number in a long line; today she was an angel from God bringing a vision of the heart, revealing to me a vision of who we are and why we do what we do—giving me a vision of a ‘Whole New World.’”

As Michel so eloquently stated, our mission is to give the gift of vision to those in need, and this act of kindness creates a ripple with no end. So, if you are thinking about going on a future trip, or even organizing your own trip, know that we, as an organization, are here to support you. Take advantage of VOSH resources and contact us, or please just join us at our next meeting!

Sincerely,
Ilara Donarum, OD
The 3rd World Congress of Optometry

The 3rd World Congress of Optometry was held jointly with the American Academy of Optometry (AAO) meeting in Orlando, Florida from October 23-27, 2019. The joint congress had over 8,000 attendees. The plenary session’s topic on the first day of the congress set the Opportunities for Optometry to Make an Impact. At the session, Dr. Alarcs Cieza from the World Health Organization (WHO) who oversees work on vision, hearing, rehabilitation and disability, highlighted the world report on vision which was recently released in October 2019.

In summary the report indicates burden of visual impairment and how this affects more the rural versus urban population, low to middle income countries, underserved and the aging population. It is estimated that approximately ½ of people with visual impairment could have been prevented or has not been addressed. Dr. Cieza addressed what steps need to be taken to make eye care an integral part of universal health coverage and the awareness of the burden. The report is available at World Report on Vision Infographic or https://www.who.int/publications-detail/world-report-on-vision

Dr. KoviNaidoo and Dr. Sandy Block as part of the plenary session provided powerful messages to Optometrists Internationally and in North America. They discussed the implications of the findings and what are the responsibilities for Optometrists?

Examples were given in situations where there is a need to ensure that children at schools can see so are able to learn and provide eye care to the elderly to ensure they are not isolated or immobile. The 5 day joint congress included continuing education lectures and workshops provided by cutting edge speakers that include public health and education related presentation. Symposia were held in sub specialty areas of Optometry which included a joint symposium on International Optometry and Global Summit on Optometric Education. Special interest group meetings were held for educators as part of the American Schools and Colleges of Optometry (ASCO). Scientific papers and poster sessions were held over several days.

A joint AAO and WCO Recognition Gala and Award Program was held recognizing new academy fellows and diplomats and award recipient. The World Council of Optometry also held a general delegates meeting and committee meetings and a joint AAO/ WCO International Reception.

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optometry at the Masinde Muliro University of Science and Technology in Western Kenya. As a Board member of VOSH International, his main emphasis was to support and sustain optometry education efforts in developing countries such as Malawi, Kenya, and Mexico.

The topics of the speakers ranged from how to create more sustainable clinics, high standard models of volunteerism, the WHO report on vision, tracking and holding clinics accountable for quality care, the future of optometry with regards to new technologies and finally the development of new schools of optometry in areas of need.

The meeting left me feeling inspired to make more connections with other chapters in order to share and gain tips and resources towards our common goals. The organizations represented included Restoring Vision, Eyelliance, National Vision Inc, OGS USA and Vision Aid Overseas. I learned about how these businesses overlap with our mission and how important a partnership with these businesses as well as with other VOSH chapters could be in helping to realize the VOSH mission of reducing the 1 billion people living with vision impairment and no access to care.