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SPIRIT
OF
SERVICE

NEWSLETTER



PATIENT STORY:
**RESTORING VISION,
AND INDEPENDENCE,
TO A LOCAL LEADER**

Nelson Ogwal’s vision began to deteriorate in 2014. Living in Agali, Uganda, a village located 20 minutes from the closest eye hospital in Lira and approximately 200 miles north of Kampala, he didn’t receive treatment and eventually became completely blind. As a chairman of his village, a farmer, a husband, a father of eight, and a grandfather of six, Nelson’s ability to support his family abruptly ended when he lost his vision. Nelson’s wife, Esther Ogwal, had to double her responsibilities on their farm, in taking care of the children and grandchildren, and in caring for Nelson.

Nelson’s family brought him to Lira for an eye screening, and he was recommended for cataract surgery. As he waited in the Lira Eye Department hospital ward, he told Seva staff that when he could see again he would work on his farm to support his family and help his daughter’s clothes-selling business. But, most importantly, he stated regaining his sight would make his life meaningful again.

Seva provides support to the Lira Eye Department through the non-profit Kilimanjaro Centre for Community Ophthalmology (KCCO). Funds from KCCO support



TOP: Nelson Ogwal smiling after surgery with his wife and some of his children and grandchildren outside of his home
ABOVE: Nelson before surgery with his granddaughter, who helped take care of him

RESTORING VISION, AND INDEPENDENCE, TO A LOCAL LEADER

essentials like fuel to travel to communities, surgical instruments, and intra-ocular lenses for cataract patients.

After a successful surgery on one of his eyes, Nelson's wife was relieved and his children were happy and comforted in the fact that Nelson could support the family once again. Nelson will have to return for surgery on his other eye but, he says, "Today, I am alright. I'm seeing very well. And I'm very, very happy of what happened."

In helping to restore Nelson's sight, Seva helped him to reengage with the world, financially support his family, and lighten his wife's caretaking load.



See why Molly Atim's smile is so big at: www.seva.org/molly

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Nelson Ogwal after surgery with his granddaughter.

A Note from Seva's Executive Director

So much of what makes Seva a dynamic organization is the opportunity to make connections among our staff, volunteers and partner organizations, and to share those learnings throughout our wider Seva family.

These interconnections are obvious throughout this newsletter. Just look at the amazing history shared by longtime Seva partners Dr. Dick Litwin and Dr. Venkataswamy, founder of India's flagship Aravind Eye Care System. Or the knowledge-sharing across Seva partner organizations in India and Cambodia, where a younger program is benefitting from the experience of a more established eye institute that also serves rural populations in areas with limited resources.

Seva staff, board and volunteers are also always tracking trends and research that go beyond — and inform — our work. The International Agency for the Prevention of Blindness recently published an article in Lancet Global Health showing that global rates of preventable blindness will triple by 2050. This stark figure caught our attention, and fuels our commitment to build capacity around the world to address this growing need.

Seva has been working globally to eliminate preventable blindness since 1978. While the report calls for more spending to increase access to sight-saving services, Seva's mission for nearly 40 years has been to find affordable ways to expand high-quality and comprehensive eye care to communities in need.

In that time, Seva has restored sight to 4 million people worldwide. And with projections showing that more than 114 million are likely to be blind by 2050, it's clear that our work is making a vital contribution — perhaps now more than ever before.

Yours in Service,

Kate



CELEBRATING DR. PATRICK: THREE DECADES OF EYE CARE IN UGANDA

Dr. Patrick at his eye clinic in Lira.

Dr. Patrick Ongu Okwee, a cataract surgeon in northern Uganda know simply as “Dr. Patrick”, truly embodies Seva’s core value of service to humankind without thought of personal gain or return.

He has devoted his three-decades-long medical career to providing eye care to people in need in some of that country’s most hard-to-reach communities. Undeterred by challenging travel conditions to remote areas, an entrenched lack of government funding, and even waves of armed insurgencies, Dr. Patrick has demonstrated an unparalleled commitment to the people of Uganda.

Dr. Patrick singlehandedly created an eye care clinic that now serves two million rural Ugandans.

He has established a highly-effective, widely-trusted eye care center that provides everything from eyeglasses to cataract surgery. Though Dr. Patrick is planning to begin his much-deserved retirement soon, the clinic is well-positioned to continue this important work.

Dr. Patrick started working as a clinician at the government hospital in Lira, in northern Uganda, in the early ‘80s. He soon realized that people with vision problems were simply not receiving treatment. Patients with conditions as simple as conjunctivitis were referred for treatment in Kampala, 250 miles to the south. With most patients lacking

the resources to travel, they went without treatment. In response to this situation, Dr. Patrick singlehandedly created an eye care clinic that now serves two million rural Ugandans.

By 1990, Dr. Patrick had finished his training and became the first eye care provider in the entire northern part of Uganda. “I came ready to help the community, to combat blindness,” he reminisced in a recent interview.

Starting out back in the early ‘90s, his team shared an operating theater with an HIV/AIDS clinic, but they had nowhere to accommodate their patients before and after surgery. A mango tree outside the hospital became their recovery room. Dr. Patrick remembers, “the eye pads and the dressing was done under the mango tree. The patients were sleeping under the tree, taking refuge from the rain under the tree.”

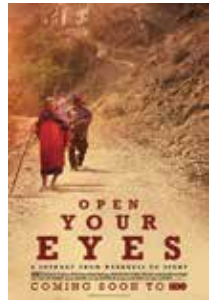
By 1995, creating awareness about the growing availability of eye care services in the region was still a challenge. Dr. Patrick mobilized patients through announcements on Radio Uganda, and he drove to different districts to reach people where they lived. To this day, he and his team travel to remote areas, identify patients with the help of community health workers, and bus them to and from the clinic for treatment. Seva has supported



Dr. Patrick conducts eye surgery using an operating microscope donated by Seva.

Dr. Patrick’s clinic since 2008 through the non-profit Kilimanjaro Centre for Community Ophthalmology.

Dr. Patrick admits he has “walked through bullets” at times in order to continue his work. Two major insurgencies have affected the area since he started serving. The people of northern Uganda suffered through



FROM LEFT TO RIGHT: After being carried and guided through their rocky village, Manisara and Durga ride to the eye hospital; Manisara in her home with her youngest granddaughter; HBO Movie poster for *Open Your Eyes*.

SEVA ON THE SILVER SCREEN

Congratulations to director Irene Taylor Brodsky and the filmmakers behind the documentary, *Open Your Eyes*, for being one of eleven 2017 Sentinel Awards honorees.

A program of The Norman Lear Center at the University of Southern California's Annenberg School for Communication and Journalism, the Sentinel Awards recognize exemplary "storylines that inform, educate, and motivate viewers to make choices for healthier and safer lives." *Open Your Eyes* travels door to door in Nepal with Seva Foundation partner staff to find eye-care patients and follows the three-day journey of an elderly couple, Durga and Manisara Singh Gharti, regaining their eyesight through free cataract removal surgery.

See a trailer for the documentary and more photos of Durga and Manisara at www.seva.org/openyoureyes

CONTINUED FROM PAGE 3

CELEBRATING DR. PATRICK

this type of instability for twenty years. But they still needed eye care, so Dr. Patrick and his team kept traveling to serve them.

What has kept Dr. Patrick going through so many challenges? "When people get their sight restored, when [they] go back home happy, when they come to thank me, that's a big motivation. When I go to communities, I'm recognized."

Dr. Apio, a consulting ophthalmologist who has been Dr. Patrick's partner at the eye clinic since 2012, calls him "Papa" and says he is a visionary. "I owe this department to Patrick. Everything was drafted on Patrick's love." Dr. Apio will carry on Dr. Patrick's work after his retirement, and Seva looks forward to continuing the partnership.

See more photos, plus video footage of Dr. Patrick working in communities and in the operating theater on Seva's website at www.seva.org/DrPatrick. And see the articles in this newsletter about one of Dr. Patrick's patients, with additional content online at www.seva.org/fall2017.



Dr. Patrick conducts community outreach in Amolatar.



EACH ONE, TEACH ONE

It's always exciting to see Seva's partner organizations grow into themselves, becoming self-sustaining providers of eye health in developing communities.

But when one long-time Seva partner can help an up-and-coming provider tackle common challenges, it's downright inspiring. Such was the case earlier this year, when Seva's partners at Aravind Eye Care System were able to share their know-how with a burgeoning eye care program in Cambodia.

The Aravind Eye Care System in India is a long-time Seva partner. It comprises a system of hospitals, training programs and research activities. Mr. R. Meenakshi Sundaram — more commonly known as Mr. RMS — is the Senior Manager of Outreach at the Aravind Eye Hospital in Madurai, India. He has extensive experience in finding creative solutions to increase outreach and services for people in need. Mr. RMS travelled to Cambodia to share his expertise in this area.

In Cambodia, Seva works in five provinces with field workers who travel from village to village to identify people with visual impairment problems who might benefit from eye care services. Despite a robust outreach team and abundant capacity at government-run eye units, a lower-than-desired number of Cambodian patients were taking advantage of the services available to them.

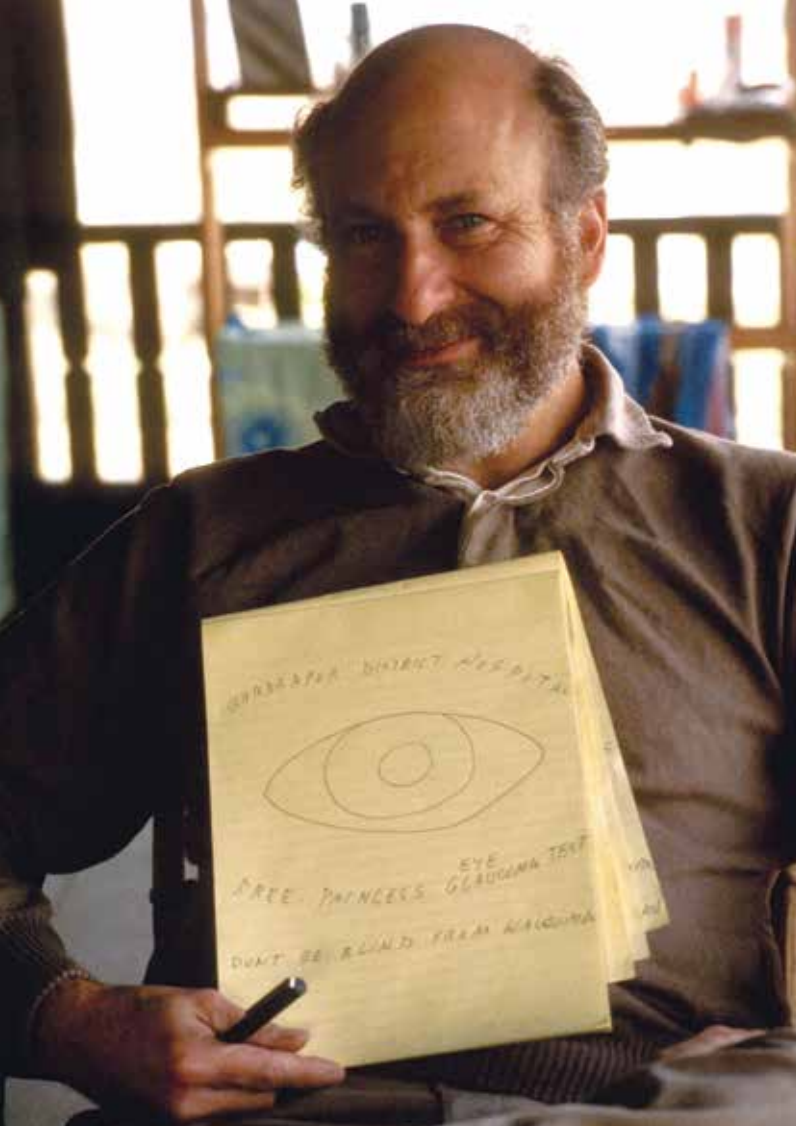
Mr. RMS traveled to Cambodia to help Seva Cambodia staff and field workers, doctors, patients, and government officials tackle this challenge. He held outreach trainings



TOP: Mr. RMS observed the screening by field workers at a community in Battambang.

ABOVE: Mr. Veasna, Ophthalmic Nurse, examined patients at Banssay Treng village in Battambang.

and completed visits with field workers to communities to help inform his recommendations for improving outreach in Cambodia. This cross-cultural work illustrates the value of having in-country partners who can identify practical solutions rooted in their own local experiences. This approach is central to Seva's mission of building capacity in the countries where the organization is active.



A LONGTIME VOLUNTEER'S COMMITMENT TO SERVICE

American ophthalmologist and Honorary Lifetime Member of Seva's Board of Directors, Dick Litwin is a true Seva standout. Dr. Litwin has been with Seva since the organization's early years. He's played a key role in recognizing and capitalizing on best practices developed with and by our partners throughout the world.

LEFT TO RIGHT: Dr. Dick Litwin prepares for glaucoma outreach in Bhairapur, India, 1982; Illustration by Joanie Mitchell.

In the early 1980s, Dr. Litwin was looking to give back and find more meaning in his work. He and his wife, Judith Litwin, traveled to the Aravind Eye Hospital in Madurai, in southern India, in 1982. There he met the hospital's legendary founder, Dr. Govindappa Venkataswamy, a.k.a. "Dr. V." Dr. V. founded Aravind in 1976 and, two years later, was a founding board member of the Seva Foundation.

Thanks to dedicated partners like Dr. Litwin, Seva has restored sight to four million people around the world.

Dr. Litwin was attracted to Aravind's "high volume, high quality" model that provided access to eye care services regardless of ability to pay. Dr. V. showed him one of Aravind's projects, a temporary eye camp in Pondicherry (Puducherry). For the duration of the camp, a movie theater was converted to a makeshift eye hospital, with eight surgical tables lined up side by side on the stage. Patients lay on thin grass mats on the floor of the theater to recover after surgery.

When Dr. Litwin saw what he described as this "sea of eye care," he understood the potential of eye care for the

masses. "The light went on for me," he said. He has been volunteering with Seva ever since.

Dr. Litwin also shared a game-changing technology with Dr. V. on that first visit to India: intra-ocular lenses, or IOLs. These newly-developed lenses revolutionized the practice of cataract surgery in the 1980s. The first patient on whom Dr. Litwin and Dr. V. used IOLs was a young carpenter. Dr. Litwin removed the cataract and inserted the IOL. After the 24-hour wait, the carpenter had his eye patch removed and was immediately able to see normally. "He can work," commented Dr. V.

Dr. Litwin went on to procure a steady supply of free or inexpensive IOLs for Aravind. Donors from Seva and its sister organization, Seva Canada, provided the initial funding to help establish Aurolab, an affordable-IOL production facility in India.

For 35 years, Dick Litwin has continued to lend his expertise and enthusiasm to Seva in many ways. For example, over the past three years, he was instrumental in establishing a partnership with a new eye hospital in Taunggyi, Myanmar. Our summer 2017 newsletter included an article about this endeavor, "Regaining Sight and Hope in Myanmar."

Dr. Litwin also traveled to India earlier this year in support of one of Seva's many partners in the region, Vivekananda Mission Asram Netra Niramay Niketan (VMANN), an eye

PREVENTING AVOIDABLE BLINDNESS FROM AIDS IN THE UKRAINE



Dr. David Heiden and the Ukrainian ophthalmologists participating in the training.

A complication of HIV/AIDS that has almost been forgotten in the U.S. is CMV retinitis, an infection in the retina that does not warn the patient with redness or pain, and can cause sudden blindness.

Before 1995, CMV retinitis affected up to one-third of AIDS patients in the U.S., but has now virtually disappeared in this country with the wide availability of potent drug cocktails to treat HIV.

The situation is quite different for most of the 36 million people currently living with HIV/AIDS in other countries, more than 90% of whom live in resource-limited settings. These patients still risk going blind from CMV retinitis because of stigma around drug use, same-sex partnerships, and HIV/AIDS itself, combined with frequent lack of access to any healthcare, particularly doctors with appropriate eye care training.

Such has been the case in Ukraine, where Seva's AIDS Eye Initiative Medical Director, Dr. David Heiden, held an in-depth training in July for six ophthalmologists to teach them how to diagnose CMV retinitis in order to treat it before blindness occurs.

More than 300,000 Ukrainians are currently living with HIV/AIDS, and data suggest that the country has the highest rate of HIV increase in any European country.

By working with on-the-ground practitioners, Dr. Heiden's training in Kyiv, Ukraine, will help to prevent avoidable blindness in this vulnerable population.

Dr. Heiden provided in-depth and hands-on lessons in diagnosing and treating CMV retinitis to workshop participants. By the end of the session, participating ophthalmologists indicated they had a high level of confidence in their ability to identify this debilitating condition. That's good news for the hundreds of thousands of Ukrainians currently living with HIV/AIDS.

hospital in Chaitanyapur, West Bengal. VMANNN provides approximately 14,000 surgeries annually and offers the only specialty services available in the area for pediatric ophthalmology, cornea and glaucoma.

Just as Dr. Litwin introduced the IOL to his colleagues at Aravind, he introduced the concept of an eye bank to Dr. Asim Sil and his wife Dr. Subhra Sil, both ophthalmologists who run the VMANNN eye hospital. The Litwins supported a training opportunity for the Drs. Sil and others from VMANNN to travel to Kathmandu and learn about how to launch an eye bank at VMANNN from Dr. Sanduk Ruit and Dr. Reeta Gurung at Tilganga Institute of Ophthalmology. VMANNN successfully launched its own eye bank and corneal transplant program within a year of this cross-cultural training in Kathmandu.

Thanks to dedicated partners like Dr. Litwin, Seva has restored sight to millions around the world. He has played an instrumental role in creating a scalable model that supports care providers dedicated to preventing and treating blindness both within and beyond their home countries.

To see additional photos of Dick and Judith Litwin's first trip to Aravind in 1982, go to: www.seva.org/litwin

40TH ANNIVERSARY 2018 SEVA CALENDAR



This 40th anniversary 2018 calendar chronicles Seva's past to present, with images from award-winning photographer Jon Kaplan.

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SPIRIT OF SERVICE

2017 VOLUME 2

NEWSLETTER



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About Seva

Seva is a global nonprofit eye care organization that transforms lives by restoring sight and preventing blindness.

We train local eye care providers and develop self-sustaining eye programs around the world. Seva has helped 4 million people who were blind to regain their sight in more than 20 countries.

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“Nowhere do I know of another group of people who have come so far in their efforts to deliver high quantity, low cost, conscious and compassionate service to their fellow beings.”

— RAM DASS

Seva Co-Founder and Honorary Lifetime Board Member



PHOTOGRAPHY

Our heartfelt thanks go to all our photographers for generously donating their work.

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