

# THE EYE CATCHER

Publication of Massachusetts Lions Eye Research Fund, Inc.

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## President's Message

*Dr. James R. "Jim" Roth, PDG 33K*

It is a privilege and an honor to serve as the 60th president of Massachusetts Lions Eye Research Fund, Inc. (MLERFI). I want to thank those who had the confidence to elect me to this position and I accept this challenge to further the causes of MLERFI.



MLERFI is the only state-wide project of the Lions of Massachusetts. All Lions in the state must be made aware of the role that this fund plays in eye research in Massachusetts, as well as the role it plays in the major goal of Lions Club International, to eradicate preventable blindness. This fund belongs to all Lions in MD33 and the directors of MLERFI are there to help in any way possible to fulfill these goals. There is no better place in the world, than here, to be working on this cause with the presence of so many major eye research institutions.

I would like for us to raise more than a million dollars this year to help these institutions advance the cutting edge research projects that they are working on. The need for the monies that we provide to these institutions has never been greater than it is today. These monies provide funds for the initial research that proves the idea which then leads to the large funding from government and private sources which can only be attracted after you have proven the idea.

MLERFI has had many successes over the years from the first grant of \$5000 that led to the cure of blindness in premature babies. Some studies today suggest that this cure prevents blindness in more than 8000 babies a year. This initial grant has led to around a million dollars

## Regenerating the whole eye — from front to back

*Reprinted from Schepens Eye Research Institute Newsletter Sightings*

When Charles de Gunzburg decided to fund a center for regenerative medicine in 1997, the concept of tissue engineering was in its infancy. Less than 15 years later, scientists in the Minda de Gunzburg Center for Ocular Regeneration are succeeding in laboratory experiments to re-grow retinal and optic nerve tissue.

Dr. Michael Young, director of the Center, predicts that the eye is likely to be one of the first parts of the body to reap the benefits of regenerative medicine. "This is because the eye is so accessible," Young says. "It's much more so than other parts of the brain, the spinal cord or even internal organs."

With a Ph.D. in anatomy, Young began his career studying neurology. He eventually zeroed in on the eye because, as an extension of the brain, it's the most available and ultimately "treatable" part of the nervous system.

### Meeting of the minds

To keep the eye at the head of the regeneration race, Young is joining forces with Dr. Darlene Dartt, a senior scientist and assistant director at the de Gunzburg Center. Their goal: To regenerate the entire eye.

What makes the collaboration between Young and Dartt so promising is the years, even decades, each has spent studying opposite ends of the eye. While Young has primarily focused on the retina at the back of the eye, Dartt's main interest has been the lacrimal glands near the eye's outer surface. In essence, their partnership is a true meeting of the minds.

The process Young and Dartt have mapped out to achieve their goal is to start at opposite ends of the eye and begin regenerating, piece by piece. Young will work on the retina, the tissue that captures images, and when



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## A SPECIAL THANK YOU

To the Lions, Leos and Lioness of Massachusetts:

THANK YOU all very much for your donations to MLERF, Inc. for the year 2010-2011. I may not have reached the goal I strived for but with the bumps and hiccups that happened such as the economy, tornados and rained-out fund raisers you all did a fantastic job raising 919,701.27 for which I am forever grateful.

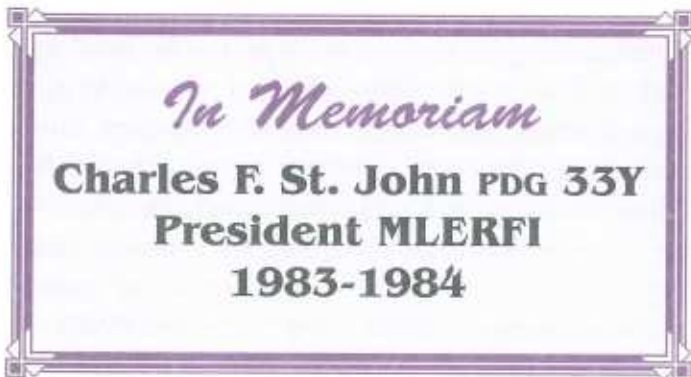
We cannot stop here. We need to continue our efforts to give the Research Institutions the money they need to further their studies to eventually find the cause and cure for blindness. Last year the Research Institutions had requested research grants of \$1,900,000., of which, we will only be able to fund approximately 45%. As you know, the Lions, Lioness and Leos donate the SEED MONEY to start NEW Projects where no other funds are available. Eventually this primary research will discover cures which will affect your family and friends, the people in your community and eventually millions of people throughout the world

Please continue to support MLERF, Inc.

Yours in Lionism,

Louise J. Wojtkiewicz, PDG  
President MLERFI 2010-2011

*"Lighting the Way to Cure Blindness"*



## Sight Awards

### District Y

John Shea ..... Hampden  
**PDG James A. Gracia** ..... **Orthoptic Clinic**  
**PDG Jean Martin** ..... **Orthoptic Clinic**  
**Ed Holly, Jr.** ..... **Orthoptic Clinic**  
Barcklay Ackerman: ..... Southwick

### District A

Blackstone Valley Tech  
Student Body and Staff ..... Blackstone Valley Leos  
PDG Sharon Brooks PCC, PP ..... Leicester

### District N

**Diane King** ..... **Ayer-Shirley**  
Morris Picolo ..... Haverhill  
Paul Kolman ..... Newburyport  
Frank Bertolino ..... Salisbury  
Jeannine Gentlemen ..... Shoe City  
**1st VDG Jane Fanjoy** ..... **Wakefield**  
Joel Haggerty ..... Woburn Breakfast  
**John Manzi, Jr.** ..... **Woburn Host**  
**Marie LaLumiere** ..... **Woburn Middlesex**

### District K

**Don Shaw** ..... **Ashland**  
**PCST Thomas Merritt** ..... **Holliston**  
John J. Sullivan ..... Somerville  
Richie Flynn ..... Waltham  
**Janet Tomajan** ..... **Weymouth**

### District S

**Ted Cummins** ..... **Abington**  
Karl Jernberg ..... Barnstable-Yarmouth  
Mary Wolfer ..... Bridgewater Academy  
**PDG Joyce Middleton** ..... **Bridgewater Community**  
**PDG Michael O'Halloran** ..... **Chatham Nauset**  
**Rena Jacobsen** ..... **Dartmouth**  
Michael Brennan ..... Dennis-Harwich  
**Gerald Ferris** ..... **Dighton**  
**Muriel Patenaude** ..... **Fall River Carousel**  
**Donald Brenton** ..... **Hanover**  
**Patricia Cioper** ..... **Lake OC Acushnet**  
Rhonda Garran ..... Lower Cape Cod  
Clifford DeCoff ..... Middleboro  
Nathan Garran ..... Nauset RMS Leo  
Paul Silva ..... Provincetown  
**Gordon Dalton** ..... **Raynham**  
**Alice Oliver** ..... **Rehoboth Anawan**  
**Debra Marin** ..... **Rochester**  
**Diana McCue** ..... **Sandwich**  
Nathan Helgerson ..... Seekonk  
**Michael Summer** ..... **South Attleboro**  
Oscar Tassone ..... South Attleboro

**Bold Denotes 2010-2011 Award**

a year in grants and a total of over 28 million dollars in since 1951. Let us rededicate ourselves to the purpose of providing this financial support with the knowledge that our reward is the satisfaction that comes from helping those less fortunate than we.

By working together I know that the sky is the limit. Together we can reach these limits.

Dr. James 'Jim' Roth

President, Massachusetts Lions Eye Research Fund, Inc.

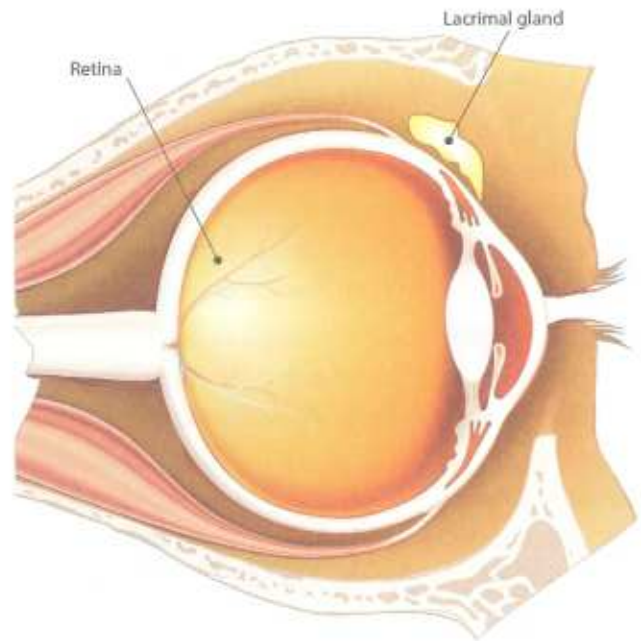
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## PICK THE PERFECT EYEGASSES

It can be hard to choose the right glasses for your face when you're shopping by yourself - unless you know this trick: Take snapshots of yourself wearing the different styles. Then view them with your own glasses on and make the perfect choice.



damaged, results in diseases such as macular degeneration. Datt will focus on stimulating the re-growth of cells in the lacrimal glands, where tears are produced to keep the eye moist and protect it from debris and bacteria. As studies progress, Young and Datt and their fellow de Gunzburg Center scientists will collaborate regularly to share their successes, challenges and creative solutions.

### The model mouse

The factor making this undertaking even remotely possible is a new animal model known as the reprogrammable "pluripotent" mouse. Created by Konrad Hochedlinger, the mouse model includes cells that are all capable of being chemically stimulated into stem cells. These in turn can be transformed into any kind of tissue in the body.

"The mouse model will allow us to test theories and techniques to grow each separate part of the eye," says Datt, a Ph.D. in physiology who had planned to go to medical school until falling in love with research. Datt's many discoveries have contributed to our understanding of how the eye protects and defends itself, and what triggers dry eye syndrome. She credits her choice of career path to the inspiration and mentorship of several renowned women scientists in the 1970s and 1980s.

Although a long way off, the future in Young's view holds promise for patients with blinding eye disease. He says, "I look forward to the day when a patient with some blinding disease walks into a doctor's office and receives an injection to regenerate whatever part of the eye that is damaged or destroyed."

ALUMNI



# News From The Districts



## District 33Y

Greg Prentice, PDG (DG Beverly)  
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The dream of curing blindness lives on in the hearts of all Lions worldwide. That dream is also the work of eye researchers. The Lions of Massachusetts are united in our support of the basic eye research supported by Massachusetts Lions Eye Research Fund, Inc. (MLERFI). We get promising eye research started with small amounts of grant money for the "orphan" ideas that don't often originate from follow-up work, but spring from the untried "what ifs" of inquiring minds pushing the envelope of experience.

Look at the progress of pioneering work begun almost sixty years ago with grants from Massachusetts Lions Eye Research:

### —AGE-RELATED MACULAR DEGENERATION:

- The Mass Lions Eye Research Lab at Boston University invented two instruments funded by MLERFI grants – a laser photocoagulator and a clinical specular microscope which are widely used worldwide as routine eye care tools;
- newer laboratory instruments are a transmission electron microscope, a scanning electron microscope, a confocal microscope, and freeze-fracture apparatus add retinal molecular structures studies capabilities;
- Mass Eye and Ear infirmary uses fruit fly, zebra fish, and mouse models to study the molecular genetics that lead to age-related macular degeneration (AMD), and retinitis pigmentosa (RP) gene therapies;
- MLERFI grants have supported studies on how nutrition affects AMD and targets treatments for abnormal growth of ocular blood vessels causing "wet" AMD and diabetic retinopathy (DR); -genetic and environmental risks causing AMD are under study;
- New England Eye Center at Tufts are studying gene therapies treatments for AMD and for retinitis pigmentosa (RP);

- Schepens Eye Research Institute, our first grantee, has early on proven how to reattach retinas and has now regrown retinas with MLERFI grants;
- UMass Lowell's Center for Health and Disease Research has demonstrated that two carotenoids that deposit in the macula protect against AMD; the most common source of these are found in egg yolks.

### —CORNEA AND LENS RESEARCH:

- The Mass Lions Eye Research Lab at BU developed ophthalmic instruments to examine and photograph cornea cells; improved cornea transplantation and cornea surgery;
- The Center for Ophthalmic Research of Brigham and Women's Hospital is focused on the lens of the eye:
- how space radiation damages the lens of an eye;
- developing lens implants (phakic intraocular lenses) (PIOL for short) with European colleagues as alternatives to surgery, contact lenses, or thick spectacle lenses for myopia;
- what molecular changes cause cataracts?;
- can native lens proteins be made?;
- and developed a classification and grading system for cataracts called LIOS III which is used worldwide and has evolved into a method for assessing anti-cataract drugs;

### —DIABETIC RETINOPATHY:

- BU used their laser photocoagulation units and the first clinical specular microscope to examine and photograph the cells lining the inner surface of the retina—these are now routinely used worldwide;
- BU studies molecular biology and ophthalmic genetics for treatments of diabetic retinopathy (DR);
- Joslin Diabetes Center is focused on earliest possible interventions to prevent diabetic vision loss; studies of proteins (called 'proteomics') has led to mediation of hemorrhagic retinal and cerebral vascular permeability by prekallikrein activation-slowng of DR by inhibiting the formation of carbonic anhydrase;

33Y/Continued on page 13

# News From The Districts



## District 33A

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As always, I want to thank all the Lions of District 33-A and Multiple District 33-Y,N,K, and S, their families, friends and communities they serve for their generosity of donations to Massachusetts Lions Eye Research Fund, Inc. (MLERFI). Without your support we can't achieve our goal of eradicating preventable blindness, as well as finding cures for many types of eye-related diseases. We are now starting our 60th year at MLERFI, and I know that Past President, Louise J. Wojtkiewicz, as well as all Past Presidents and Directors wish incoming President Dr. James R. "Jim" Roth, a year of great success to mark this milestone anniversary.

This year we came quite close to the "Million Dollar Fund Raising Mark", but "Mother Nature" had a few plans of her own. Many communities in our State were absolutely devastated by her fury. The people of these communities will be affected from this for quite some time, and memories of this will last a lifetime for all involved. Every day around the world there is always something that affects us, and all we can do is the best we can to help our fellow man.

At this time I would like to share with all of District 33-A on congratulating Zone Chairperson, Sue Dunphy on her receiving the "MLERFI Sight Award". Sue is a very active Lion in our District, and her service was not overlooked by her Mendon Lions Club. They recognized her for all of her efforts with a generous donation to MLERFI. Thank you Sue, we are all proud of you.

There is also some other wonderful news that I would like to share with you. On September 7th, 2011 Boston University School of Medicine celebrated their Charter Night. The new "Boston University Eye Associates Lions Club" became a reality. The sponsoring Lions Club was District 33-K Belmont Lions Club, which is the club of incoming Massachusetts Lions Eye Research President, Dr.

James "Jim" Roth. Past International Director Charles "Chuck" Kostro inducted the new members, as well as installing the Officers of the Charter Club. Past International Director L. Doug Sime, also congratulated the new club along with PDG & Past MLERFI Director Arnold Lett, and made a donation from District 33-S, a Tail Twisters Bank to hold club fine monies. They got a kick out of that. The bank was sent around, and they received money to get a start on their administration funds.

I must make this a little short as we are cutting back on expenses. I will try to get much more info out through our own District Web Site. Be good and take care. Pray we have a good year.

Yours in Lionism

Bob Haskell

AL2011

## SHIELD YOUR EYES WITH A SEAFOOD FEAST

Enjoy 16 oz. of fish weekly, and you'll cut your risk of dry irritated eyes 68%. Seafood's omega-3 fats help lubricate the eye's surface, and prevent the chronic inflammation that makes corneal injuries difficult to heal.

## *In Memoriam*

**Lion Richard Smith 33A**  
**Long-time reporter for the**  
*Eye Catcher*



# News From The Districts



## District 33N

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I'm baaack. I just completed my 20th year of attending board meetings and beginning my 21st year. My first year 1991 was when Len Tarmey was campaigning for DG and asked me to be his CST. He asked that I work our schedule so we could attend all the Massachusetts Lions Eye Research Fund, Inc. (MLERFI) board meetings and hospital visits. During these 20 years I missed one board meeting and that was when I was DG and then President Doug Sime changed a board meeting to the same day as I had 33N's 4th advisory meeting. As many of you know, our 4th advisory meeting is when most of our MLERFI donations come in. Over these 20 years we raised over a million dollars and one of the years I was President.

Looking at the Journey for Sight history \$196,542 in 1998-1999 the year Jim Amaral PDG 33S and I served as co-chairs for J/S; this was the best year Journey for Sight ever had. I had the opportunity to prepare the letters and 4 page packet for 14 of the last 15 Presidents. I gathered the information for the past 4 directories printed before this year.

I arranged for the program and plaques for the awards banquet this year so if there are any errors, they are probably my fault so let me know. I only was 33N *Eye Catcher* Reporter since about 2007 but was understudy for Joe Sullivan when he was ill. I am proud of what was accomplished while serving as an officer, director and as an honorary life member.

At the banquet this year 33N had 9 clubs receiving \$5,000 or over plaques, 5 over \$10,000, 2 clubs over \$20,000 and the Newburyport Lions brought home a plaque for the most donated in the state - \$35,127.02. IPDG Jeannine received a plaque for the total donations from 33N clubs of \$268,794.05 and PDG Louise accepted a plaque as President for 2010-2011 as the clubs in the state donated \$919,701.27.

*Words of wisdom from IPP of MLERFI PDG Louise who chairs the Canisters for the state this year:*

"To the Lions and Leos of District 33N thank you so much for your donations to MLERFI last year.

Once again we are urging all Lions Clubs in our district to join us in collecting coins for the Canister Fund this year. Canisters are available from me or any of the directors to MLERFI. I will have canisters at all the Advisory Meetings and will bring them to any club that needs them. Our count was down again last year; let's get out there and put canisters in stores, banks, your work place and even in your own home. Once you've reached \$100.00 send a club/personal check to MLERFI and be sure to mark the check in the memo, Canister or Pennies for Sight, your club will be entitled to receive a banner patch for the first year and a rocker for the years to follow. If you need any other information please do not hesitate to contact me at [lion.louise@hotmail.com](mailto:lion.louise@hotmail.com)."

Secretary of MLERFI PDG Randy Pinch is in charge of Journey for Sight for 33N this year. If you can do a special project for MLERFI be sure it is mentioned on your activity report as each are worth 200 points in the Best cClub contest in 33N. PDG Randy also is in charge of the 33N Walk-a-thon this year so stay tuned for further information.

I think I am close to keeping this column to one page so I better sign off before I get the hook. Until spring,

Yours in Lionism,

Ted

MLERFI

## TOO MUCH COMPUTER TIME? LOOK OUT THE WINDOW.

Next time your eyes get tired while sitting in front of the computer, simply look out a window for a few minutes. The change from close-up to long-distance viewing helps relax tight eye muscles.



# Massachusetts Lions Eye Research Fund, Inc. Installation of Officers and Awards Banquet





**Massachusetts Lions Eye Research Fund, Inc.  
Installation of Officers and Awards Banquet**





# News From The Districts



## District 33K

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One more year has passed and the Lions of 33K have one more time proven their commitment to Massachusetts Lions Eye Research Fund Inc. (MLERFI). Congratulations to the Medway Lions Club who exceeded \$200,000 in total donations this year. Additional congratulations are extended to the Ashland Lions Club, the largest single club donations in Multiple District 33.

Once again the Lions of 33K came through to help IPDG Joyce raise more than \$184,000 for MLERFI which is nearly \$20,000 higher than the previous year. Unfortunately, 33K led the MD in memorial donations, more than \$6,000 in this category alone. This proves to all of us how many valued Lions we lost in the 2010-2011 Lions year.

As we move forward into the 2011-2012 Lions year it is important for each of us to renew our commitment to MLERFI. Whether we raise funds through our usual methods or we reach outside our comfort zones and find new and unique ways to raise additional funds, the Lions of 33K continue to renew their commitment to helping make MLERFI one of the best programs offered through our Multiple District.

Several Clubs exceeded their donations from 2009-2010 including Ashland who donated more than \$1,000 more than the prior year, Belmont who donated \$20,000 up slightly and Framingham who donated nearly \$1,000 more than in prior years. The Holliston Lions Club increased their donations from \$11,100 to \$12,100. Congratulations should be extended to the Malden Lions Club as well, they increased their donations from just over \$800 to just over \$3,000 a significant increase for a small club.

Let's join together and congratulate PDG Louise on such a great year as President of MLERFI and also to thank IPDG Joyce for her enthusiasm and leadership

throughout the year. Going forward, we will support DG Matthew. We are fortunate this year to have our own PDG Jim Roth serving as President of MLERFI.

Once again, the Lions of 33K will get behind our District Governor and with the addition of PDG Jim as the leader of MLERFI it is even more important that we band together and make a push to increase our donations to MLERFI. Anyone who wishes to have a speaker from Mass Eye Research should call PDG Jim and request a speaker. Don't forget to take advantage of the opportunity to visit one of the research facilities.

Yours in Lionism,  
PDG Doreen

READY

## FOR HEALTHY EYES TRY:

### *Repairing damage with your glasses*

Some types of contacts can be worn nonstop for weeks at a time. While that sounds convenient, it doesn't give inflamed or irritated eye tissue time to breathe and heal, dramatically increasing your risk of corneal ulcers. Instead, always take your contacts out when you shower and sleep. And keep your glasses handy so you can give your eyes a break, if needed.

**NOT SMOKING CUTS YOUR RISK** of vision-threatening eye diseases – including cataracts, glaucoma and macular degeneration – as much as 67%. Nicotine constricts the tiny blood vessels that nourish the eye, robbing tissues of the oxygen and nutrients they need.



# News From The Districts



## District 33S

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Can you imagine yourself being a Lion in a district other than 33-S and year after year reading about the outstanding accomplishments of the Lions of District 33-S in raising the highest dollar amount in donations for eye research? Boy oh boy I think I would be just a little upset reading it. I don't know how you Lions are doing it-but keep it up-CONGRATULATIONS once again this past year for leading the entire state in donations to Massachusetts Lions Eye Research Fund Inc. (MLERFI) with your donations totaling \$300,715.70. A true tribute to P.D.G. Joyce's efforts during her stewardship.

District Governor Steve Raposa is determined, committed and pledged to raising \$400,000. for MLERFI during his year as our district leader. HOW are we going to accomplish this looming question? The answer is relatively easy to answer. In past years the governors have asked us as clubs to undertake a new fund raiser project with the proceeds going expressly to increasing the clubs' donations to MLERFI. Few clubs have accomplished this - so this year Gov. Steve has asked clubs to put this request high on their "TO DO". Steve "BELIEVES" you can do it — if each club willingly increases their regular donations to MLERFI by only 10% and adds a new fund raising project earning \$1,000. from each of the districts 57 clubs - we as a district will hit the \$400,000.00 goal. You can do it and the rest of the multiple will continue to be amazed at your accomplishments. MLERFI President Jim Roth echos Steve's goal as he is also depending on you and the clubs in the multiple to achieve his goal of \$1,000,000.00 for MLERFI donations this year. President Jim says you can expect more visitations from MLERFI directors this year to assist you in meeting his goal. Don't wait for a director to call you - call a director now for a speaking date!

This past summer has been a busy one for your MLERFI directors, District Governors past and present as they and this reporter attended the 60th anniversary of SCHEPENS EYE INSTITUTE and its collaboration between MLERFI on JULY 15th. This was followed by the annual grants presentation dinner on JULY 21 at the CHILDRENS HOSPITAL which was attended by a number of your dis-

tricts representatives. Grants from MLERFI totaling \$981,551.00 were presented to: SCHEPENS EYE INSTITUTE-BOSTON UNIVERSITY SCHOOL MEDICINE-MASS. EYE/EAR INFIRMARY-JOSLIN DIABETES CENTER all received \$175,000.00. Dr. DOWLING of HARVARD UNIVERSITY was awarded a grant of \$12,500.00-CHILDRENS HOSPITAL \$110,000.00 UNIVERSITY MASS. LOWELL \$12,500.00 - TUFTS NEEC \$100,000.00 - UNIVERSITY of MASS WORCESTER \$35,000.00 The summer visitations were completed with attendance by many of your districts MLERFI members both past and present at the CHARTER PRESENTATION CELEBRATION of the newly chartered LIONS CLUB B.U.E.A. of and at BOSTON UNIVERSITY on SEPT. 7th. Outside of the sponsoring club the LIONS CLUB of BELMONT your district had the largest constituency in attendance from the entire multiple.

Presidents and secretaries take note and contact MLERFI TREASURER BILL MURPHY for applications for "SIGHT AWARDS" presentations - according to my figures the following clubs have earned the right to receive them: ACUSHNET, BERKLEY, BRIDGEWATER COMMUNITY, BRIDGEWATER RAYNHAM LEO, DARTMOUTH, DIGHTON, FALL RIVER CAROUSEL, HANOVER, LAKEVILLE OLD COLONY ACUSHNET, MATTAPOISETT, NORTON, PLYMOUTH, RAYNHAM REHOBOTH, REHOBOTH ANAWAN, SEEKONK, SO. ATTLEBORO and SWANSEA. DO IT NOW! Someone deserves this recognition from your club - they earned it.

From time to time you probably have thought...why am I am involved in my LIONS CLUB? Why am I devoting all this time, all these weekends, nights out etc. when I get no thanks for all the work I do? Well, the next time you are feeling blue and need a pick me up think about the 7 BILLION people in the entire world that might receive the benefits from your efforts to support MLERFI and our area research hospitals with your clubs donations.

If you're wondering where your club's part of the 27 MILLION DOLLAR plus donations to MLERFI have gone maybe the article on page 12 by DR. HAIYAN GONG of BOSTON UNIVERSITY SCHOOL of MEDICINE will give you some idea. My sincere appreciation and thanks for DR. GONG'S presentation as a researcher, friend and newly inducted LION. Thanks again - hope you enjoy it and find it of interest.

Later

ALERT




## Research to Find Causes and Improve Treatment for Glaucoma at Boston University School of Medicine

Glaucoma is known to be one of the leading preventable causes of blindness worldwide. Two forms of glaucoma exist: closed angle and primary open angle glaucoma. Dr. Haiyan Gong's lab at the BUMC focuses on finding the causes of primary open angle glaucoma. A major risk factor that contributes to this disease is elevated pressure within the eye. Research has shown that resistance to proper drainage may play a key role in the development of the elevated pressure and can affect the outflow system involving the trabecular meshwork and Schlemm's Canal. These two areas of tissue and their components have driven the interest in Dr. Gong's lab as they continue to explore their properties at the macroscopic and microscopic level. Currently Dr. Gong's lab is studying the structure function relationships of the components in these two tissues and their role in glaucoma. They believe that understanding the dynamic nature of this small but pivotal tissue in the outflow system can provide better alternatives to treatment and an overall understanding that can be applied to the glaucoma patients.

One of the primary focuses in Dr. Gong's lab has been to study how a cell's external environment can influence its properties. One of their research projects involves looking at the overall changes of glaucomatous eyes compared to normal eyes. Using imaging techniques, they are able to globally view how eye fluid drains by infusing fluorescent tracers into donated eye tissue. This simple but effective technique allows them to define areas with a higher volume of drainage versus a lower volume of drainage. By accurately locating these regions, they are able to evaluate any structural, cellular, or flow pattern changes within the eye. Additionally, these techniques can be applied to directly compare a glaucomatous and normal eye to further examine any changes at electron microscopic level. In addition to this study, Dr. Gong and her research assistant collaborated with Dr. Kamm's Lab at M.I.T. to observe cellular changes induced by the surrounding external environment. By using a unique device developed by Dr. Kamm's Lab at M.I.T., cell behavior can be imaged in real time under constant flow and varying compositions of a cascade, which mimics the external cellular environment. Real time imaging enables them to observe active changes occurring in response to the different cascades; giving them further insight into how the cell morphology may change in glaucomatous eyes. Furthermore, Dr. Gong has recently teamed up with Dr. Rhee at Massachusetts Eye and Ear Infirmary and a company (Alcon Inc.) to further study

the role certain molecules may play in influencing the degree of drainage in mouse eyes. This study again plays into the idea that the external environment can influence resistance to outflow of aqueous humor. Using a genetically altered mouse model, the morphological and physiological effects of an under expressed or over expressed protein can be studied. Any morphological changes that lead to higher resistance in glaucomatous eyes may be directed by specific molecules, and in this case a protein. Through structural and morphological analysis they hope to first mimic glaucomatous structures and establish a model that enables them to discover any molecular triggers for glaucoma.

In another research project, they study the effects of the surrounding environment on cell morphology and function. The project was funded through the Wing Tat Lee fund by Boston University School of Medicine and in collaboration with The Hong Kong Polytechnic University, China and aims to use a live animal model to study flow patterns, morphology and structure function relationships in sheep eyes. By using a drug compound, the eye pressure can be elevated which mimics glaucoma. With the use of fluorescent tracers with a live animal, the distribution of outflow will paint a more accurate picture for them to study any structure function relationships in the trabecular meshwork. Although studying the morphology of glaucoma models and normal eyes are essential in understanding this disease, Dr. Gong's lab also places importance in finding potential therapies for patients.

Another field of importance in Dr. Gong's lab is to look at the use of drugs on normal and glaucomatous eyes. In particular, a drug known as Y-27632, which has been established as an effective compound that can increase the outflow of the eye of multiple species including humans, has been studied. With a higher drainage or outflow, the pressure of the eye can be alleviated. Their first project involves treating donated human eye tissue for an extended period of time with a compound and observing any structural changes in the trabecular tissue at the macroscopic and microscopic level. Through analysis of the changes made in normal eyes, they hope to distinguish which components in the trabecular meshwork are most affected by the drug and what roles they may play in outflow resistance. Their second project involves a direct comparison of a phenomenon known as "the washout effect" and a drug. Exposing eyes to these two separate treatments over an extended period of time, they can compare and contrast any structural and functional differences. It is their hope that a link can be made to help explain the phenomenon and allow them to apply what they've learned from their studies in the washout effect to the ones involving drug compounds. 




## 13 Secrets Your Eye Doctor Won't Tell You

Reprinted from *Readers Digest*

1. "Never use tissues or toilet paper to clean your eyeglasses. Paper is made of wood, and it will scratch your lenses. I like to use my tie because it's silk and really smooth."
2. "Polarized sunglasses are great at reducing glare, but they can make it difficult to see the LCD on your cell phone or navigation system. It's harder to see an ATM screen when you've got polarized sunglasses on too."
3. "Many of you seem to think you can go on with life as normal immediately after I dilate your eyes, but it'll be two or three hours before you can do anything that requires concentrated visual attention. Sometimes people get irritated that they can't read a 12-page document."
4. "Most people know that UV radiation can damage skin, but they don't realize it's also bad for eyes. You wear your sunglasses only when it's sunny? That's like saying 'I only smoke sometimes.' Wear sunglasses big enough to block the light from above and below — they should have thick sides or wrap around. If you wear contacts, ask for UV coating."
5. "Despite what generations of parents have told their kids, carrots aren't the best food for your eyes. That honor goes to spinach, kale, and other dark, leafy veggies."
6. "Eyedrops (any kind) sting less if you keep them in the refrigerator."
7. "Some doctors pressure patients to have cataract surgery right away, but if it creates financial problems for you, there's usually no harm in waiting. Cataracts rarely hurt you — they just make it hard to see, like looking out of a dirty window."
8. "Reading in dim light won't hurt your eyes. The worst that might happen is that you get a headache."
9. "Take extended-wear contacts out before bed. Your chance of infection is 10 to 15 times greater if you sleep in them."
10. "Don't just grab any old bottle of eyedrops out of your medicine cabinet when a new problem comes up. If you have an infection, steroid drops might make the redness look better, but the infection could get worse. I've had to remove people's eyes because of that."
11. "Pinkeye isn't always benign — a number of patients end up with light sensitivity and even vision loss. But many physicians treat it with antibiotics that won't help if the cause is a virus. We do a rapid test for adenovirus — if that's what you have, we treat it very differently than if your pinkeye is bacterial."
12. "No, it's not okay to wait for symptoms to appear. Some blinding eye diseases have few warning signs before they've taken away your vision. A yearly exam is the only way to catch things early."
13. "If you're over 60 and considering LASIK, wait until you develop a cataract. Then we can fix your vision as part of the cataract surgery, and your insurance will be more likely to pay for it."

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33Y/Continued from page 5

- MLERFI has funded techniques for understanding blood flow—video fluorescein angiogram (VFA) has greatly improved early diagnosis of diabetes;
  - a newer retinal function technique called AOLP enables accurate measurement of retinal capillary blood flow which is the earliest tag for diabetes;
  - and a measurement technique called ERG (electroretinogram which finds actual neurological vision function;
  - development of digital retina imaging without dilation has led to the JVN system which correlates so well with retinal photography and clinical exams that when complete, should allow more and earlier accurate diagnosis of diabetic retinopathy.
- The Spring Edition will complete my review of developments and include updates on current work. 



## 6 Ways to Save Your Eyesight

### Your vision changes as you age. Here's what you can do about it

Maybe you're having a hard time reading this article. Or perhaps you have stopped driving at night because you just can't see as well then. Don't worry: Chances are, you're not going blind. But you might be experiencing some age-related eye issues.

Here's a list of the most common symptoms that affect your eyesight as you get older, why they happen, what to do about them — and when to see your eye doctor immediately.

#### 1. Fuzzier small print

**Why it happens:** As you age, your eye's lens becomes less flexible, which means it has a harder time changing its focal point from far to near. That makes it difficult to focus on close-up objects.

**How to Fix it:** You know you can get reading glasses or bifocals, but sexier options include bifocal contacts, multifocal contacts, or monovision, where one eye is fitted with a contact lens to see distance and the other eye is fitted with a lens to see close up.

"Monovision is a great option for many, but not everyone's brain accepts it," says Nancy A. Tanchel, M.D., an ophthalmologist and owner of Liberty Laser Eye Center in Tysons Corner, Virginia. You're a good candidate for bifocal, multifocal, or monovision contacts if you're willing to trade off supersharp vision at a distance for better close-up vision.

**Red Flag:** An abrupt decline in vision could be associated with several conditions, including macular degeneration, a disorder in which central vision is damaged; a vitreous hemorrhage, sometimes from an aneurysm in the eye, often associated with diabetes; or a retinal detachment. "Any abrupt change warrants an immediate evaluation," Tanchel says.

#### 2. Dry eyes

**Why it happens:** When you're young, your tears have the right components to coat the eye completely. As you get older, your tears may lose their ability to fully lubricate the eye.

"Tears have three layers: a protein layer, a fat layer, and a water layer," says Tanchel. "If any of those layers are not working as well as they should, we call that dry eye."

Eyes may feel dry and scratchy, or they may water excessively to compensate for a tear imbalance. Blood pressure medicines, antihistamines, diuretics, hormone replacement therapy, and some antidepressants could be to blame, as could the use of a ceiling fan.

Postmenopausal women also tend to develop meibomian gland dysfunction. The meibomian glands, located in the eyelids, create the oily, fat layer of tears. If that oil is diminished, the patient experiences dry eyes.

"It's pretty common for women past 40 to have dysfunction of the meibomian glands or blepharitis — inflammation of the eyelids," says Jen Galbraith, O.D., an optometrist in Harrisburg, Pennsylvania. "Another kind of dry eye I see misdiagnosed is lagophthalmos, which happens when the patient doesn't blink completely." These patients often sleep with their eyes cracked slightly open, so the eyes dry out. "It's often missed," says Galbraith, "but easy to treat."

**How to Fix it:** Experiment with over-the-counter artificial tears. If that doesn't work, consider Restasis, a prescription drop that helps you make your own tears. If your dry eye is caused by medication, switching meds may help. Tetracycline-based antibiotics can also be used to treat dry eyes, says Cory M. Lessner, M.D., medical director and owner of Millennium Laser Eye Center in Sunrise, Florida. A final option is punctal occlusion, which involves placing tiny plugs in the tear duct, so tears drain more slowly.

**Red Flag:** Sudden dry eyes might signify a damaged tear gland or blocked tear duct, which can be caused by an infection, a tumor, or scarring or swelling from a blow to the eye. Treatments range from massaging the area (your eye doctor can show you how), to a probe procedure that opens the duct, to surgery.



### 3. Difficulty with night driving

**Why it happens:** Being nearsighted, farsighted, or astigmatic — having an irregular curve in the cornea that causes blurriness — are the chief reasons you see glare or halos at night, especially around headlights and traffic signals.

**How to Fix it:** Get your prescription checked. If new glasses don't help, make sure the lens is aligned with the visual center of the eye (to reduce distortion).

**Red Flag:** A posterior subcapsular cataract can cause a loss in night vision or bothersome nighttime glare. It's more common in diabetics, people who've been on steroids, and those who have experienced eye trauma. If you can't see well at night, ask your doctor to rule out this type of cataract.

### 4. A few new floaters

**Why it happens:** Floaters are tiny threads or specks floating across your field of vision. "They're nothing more than shadows cast by small strands and bits of protein in the jelly of the eye," says Lessner. As you age, that jelly liquefies and separates from the retina.

**How to Fix it:** Floaters by themselves are not harmful, and usually no treatment is necessary.

**Red Flag:** Dozens or hundreds of new floaters can signify a retinal tear or detachment, which can lead to blindness if not corrected immediately. You will likely need surgery that same day to repair the damage.

### 5. Loss of peripheral vision

**Why it happens:** Glaucoma, a disease that causes optic nerve damage, has no symptoms until much of the optic nerve is dead. After that, the first symptom is often the loss of peripheral vision.

**How to Fix it:** Once an optic nerve fiber dies, there is no way to bring it back. "The goal of glaucoma treatment is to prevent the loss of additional nerve fibers," says Galbraith. Glaucoma is actually a family of diseases, so treatment will depend on the type and may include medication or surgery.

**Red Flag:** Because glaucoma has no symptoms until it is fairly advanced, don't neglect a glaucoma screening at your next eye exam.

### 6. Diminished color vision

**Why it happens:** Blame it again on the lens, which gets cloudy with age (a clouded lens is a cataract). "A lot of people don't realize it because it's a gradual process. Things may turn more yellow or brown than they really are," says Brian Bonanni, M.D., medical director of Gotham Lasik Vision in New York City.

**How to Fix it:** A surgeon can remove the cataract and replace it with a permanent, plastic lens. Cataracts are typically repaired one eye at a time, several weeks apart, to allow the surgical eye to heal. If you're not ready for surgery but notice a color change, your doctor may suggest yellow-tinted glasses, which can help brighten your surroundings.

**Red Flag:** If left untreated, cataracts can lead to blindness, so see your doctor.



## READ BETTER WITH ELECTRONIC GLASSES!

Soon you'll be able to turn the power of bifocals on and off with "emPower" eyeglasses, which use liquid crystal technology to adjust the bottom half of your glasses at the touch of a button.



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## **Total Donations to Eye Research**

**\$919,701.27**

### **District Y – IPDG Kenneth “Ken” Larkin**

**\$80,138.86**

### **District A – IPDG Mark Desmarais**

**\$85,088.55**

### **District N – IPDG Jeannine Gentlemen**

**\$268,794.05**

### **District K – IPDG Joyce Hogan**

**\$184,964.11**

### **District S – IPDG Joyce Middleton**

**\$300,715.70**