In his keynote address to attendees during the "Reform Your Future" workshop in the Fall of 2009, David Parke II, MD, executive vice president and CEO of the American Academy of Ophthalmology, exhorted our community to prepare for the future. It’s a cloudy crystal ball.

The present, however, is clear. The 2009/2010 year offers a snapshot of our living “in the now:” a plentiful year, record numbers of tissue offered for transplant, and despite that, everyone is waiting for the other shoe to drop. It’s because no one knows what the future will bring. It’s that cloudy crystal ball.

But actually, we have clues: we know that we will have to prove our efficiency, cost effectiveness and identify our outcomes to be a player in the future health care paradigm. We know we provide a successful service, but the definition of success is changing: it’s not only what we’ve done, but what we are going to do with the groundwork that has been laid.

From an Association standpoint, we are seriously considering broadening our tent, so that we accommodate any entity that provides one or more of the vital eye bank functions. We would then all be operating from the same standards and held to the same bar. And, we need to move ever closer to the corneal surgeons through whom we serve the public. We must increasingly emphasize service to our stakeholders.

From an eye bank perspective, our individual banks must look to their neighbors, must interact with their competitors and must be willing to be a model of efficiency and transparency. We must anticipate the difficult questions and develop answers that we can comfortably live with and that others will accept. The social worker might say we “must walk in one another’s shoes.”

There is no "magic bullet." We are a vastly different community than the one on which the Lewin Study was based over 10 years ago. We can’t just sign up expecting the same outcome, either from the study or from the government. And, unlike 10 years ago, we are playing in a much larger universe. Medicare reimbursement does not control private insurance. As many of us have discovered, local Ambulatory Services Care and local insurance companies may or may not use the Center for Medicaid and Medicare Services’ model as a template for reimbursement.

So, what to do: prepare for several scenarios. Work towards the good and prepare a fallback position for the alternative. Consider all of the good that has come from our successful years to date, choose what we do best, acknowledge what others may do better, work together and succeed. That’s our challenge for the future.
Over the past two years, it has been an honor to serve as Chair of the Eye Bank Association of America. I want to sincerely thank everyone for their support. Together, we have successfully faced some daunting issues and have strengthen the foundation upon which EBAA will build for years to come.

EBAA is an association of members led by Patricia Aiken-O’Neill, supported by a talented staff in Washington. The leadership demonstrated by the staff and the volunteer members has been an inspiration to me. Working together with a common Vision, Mission and Values, we have accomplished so much for eye banking and all stakeholders, not the least of which are the 50,000+ recipients every year.

Assuring the highest medical standards and accreditation requirements, reinforced by extensive training opportunities, has always been critical to EBAA’s success. We made sure we continued to excel in these areas during the past year. EBAA also strengthened relationships with other transplant organizations to help us collectively deal with the future uncertainties in health care.

The Association continued to work on our strategic plan by carefully evaluating the benefits of expanding our membership base and taking actions to increase physician involvement. We also revised our “Principles of Professional Conduct,” and identified areas where we could provide more meaningful services to eye banks of all sizes. These are only a few of the initiatives undertaken during the past year. The list could go on and on.

I’m very thankful and proud to have served the Eye Bank Association of America, an organization which I believe to be the premier transplant association in the world. My term as Chair may be over, but my commitment to supporting EBAA and to restoring sight worldwide continues as fervently as ever.
STORIES OF INTEREST

DONOR STORY
REMEMBERING KATIE: A GIFT YOU CAN’T BUY

As an occupational therapist who works with blind children, Sally Mason has often wished that she could give sight to others. “I’ve known too many children who can’t see; I know the struggles they have,” she said. Through church, her daughter Sarah had also become a friend and helper to one of the children Sally had been helping.

Then, on July 24, 2007, a personal family tragedy ultimately enabled Sally to help give the gift of sight. That was the night that Sally’s other daughter, 21-year-old Katie Mandeville, was driving alone, turned off a road in the Charleston, South Carolina area, and was involved in a tragic accident that led to her death.

Katie and Sally had never discussed the possibility of a corneal donation but, not long after Katie’s death, she received a call from an employee of LifePoint – South Carolina’s organ, tissue and ocular procurement organization. “Would she consider giving consent for Katie to be a cornea donor?”

Sally recalls thinking, “How could I say ‘no’ when I had worked with all these children and would love for them to be able to see and have a better quality of life. Katie was a compassionate girl; she would be happy to know that her cornea could help someone to see.” She adds, “I can’t imagine not seeing. It would be such a loss in my life not to be able to see. There’s beauty in everything.”

So, during the most tragic time in Sally’s life, she saw the beauty in giving.
Finding out that Katie’s right cornea was successfully transplanted in a 29-year-old man in South Carolina was tremendously important to Sally. He had received a previous transplant that was unsuccessful but, for three years, Katie’s gift has been enabling him to see and he continues to do well.

“It is so helpful to know that Katie’s donation did help someone,” Sally says. “I will always remember Katie’s big brown eyes and red hair. The most important thing is I never want Katie to be forgotten,” her Mom explains. “I know there is still a part of Katie here.”

“LifePoint has been helping me in letting go of the hurt and keeping Katie in my heart; not letting her memory die. They’ve been there for me the whole time and so compassionate.” Sally has found comfort in receiving regular correspondence from LifePoint and has taken advantage of the counseling and support group meetings that are available.

“T’m so thrilled that someone can see because of Katie. Her cornea was our gift to someone to improve their life and sight and to keep Katie’s memory alive. That’s a huge gift that nobody can buy.”

TECHNIQUES IN EYE BANKING: LONG-TERM PRESERVATION

An area that has seen development in 2010 is long-term preservation or increased prominence of the long-term preserved graft.

“Typically used for tectonic purposes, there is interest in whether this tissue might be adequate for certain anterior lamellar optical procedures,” said David Glasser, MD, Medical Director of the Medical Eye Bank of Maryland and EBAA Medical Advisory Board Chair. The Global Sight Network and Tissue Banks International are two organizations who are reaching milestones in long-term preservation.

Global Sight Network, a service of the Alabama Eye Bank in Birmingham, Alabama, has 24 EBAA-member eye banks as partners in this shared vision to re-purpose, through glycerol preservation, corneas from medically eligible donors that are not suitable for penetrating or endothelial keratoplasties. Widely used in pharmaceutical formulations, glycerol is a colorless, odorless, and viscous liquid whose three hydrophilic hydroxyl groups impart both solubility in water and hygroscopicity (water-absorption). This versatile compound has cryo-protectant and de-cellularizing properties, among others. Pioneering work by J.H. King decades ago showed the utility of anhydrous glycerol for preserving corneas destined for lamellar keratoplasties. Others used glycerol-preserved cornea as patch grafts for traumas and degenerations. More recently, glaucoma surgeons have revisited glycerol to produce cosmetically pleasing transparent grafts that cover implanted drainage devices.

For the first time in its 65-year history of institutionalized eye banks providing tissue for transplant, eye banking is witness to the introduction of a sterilized corneal allograft by long standing EBAA member, Tissue Banks International (TBI). TBI’s Visiongraft Sterile Cornea has been used successfully in tectonic procedures such as patch grafts and superficial lamellar keratoplasty, as well as in conjunction with glaucoma tube and keratoprosthetic devices. The extended shelf life of one year and the room temperature storage allows eye banks and even hospitals and surgery centers to always have an available cornea for emergency cases. TBI’s terminal sterilization process should eliminate any remaining risk associated with bacterial, viral or fungal infections. It also will provide an eye bank with the opportunity for corneal allografts to be precisely prepared to almost any size, shape or width prior to distribution for surgical use.
For the past three years, you have heard about the efforts of the Cornea Collaborative, in which eye banks have voluntarily expended much time and effort on increasing the quantity and quality of corneas available for transplant. This is the group that brought you the first national benchmarks in eye banking; best practices – the blueprint for excellence in eye banking; Strategy Improvement Groups, where eye banks worked together to implement Best Practice Strategies and now, with the final data reported, a collective snapshot of participating eye banks beyond the annual Eye Bank Association of America (EBAA) statistical report.

We had a total of 47 eye banks who participated at one time or another in the Cornea Collaborative, and 24 made it to the finish line. We owe a large “thank you” to Brian Philippy, who worked with all eye banks on reporting. We believe all provide a valuable picture of eye banking among medium and large participating eye banks. We had several small eye banks that started, but were not able to finish for a variety of reasons, primarily due to the resources required to submit the data.
This tells us that of the eye banks participating in the Cornea Collaborative, their tissue is transplanted about 70 percent of the time, with about a 30 percent discard rate, primarily due to slit lamp evaluation. These eye banks get consent from families about 50 percent of the time, while their partner OPO/tissue bank/answering services get consent about 30 percent of the time. On average, they preserve tissue in less than 10 hours, and they are able to release tissue in 2.7 days. Over the course of the three year project, these banks increased the number of corneas they recovered by 38 percent.

As a result of the Collaborative, the EBAA was invited to join the Health Resources and Services Administration (HRSA)-sponsored national effort to improve donation. EBAA accepted the invitation and in 2009 became part of the National Donation and Transplantation Community of Practice. EBAA became part of a community committed to expanding shared accountability for collective performance through joint leadership to implement innovative strategies for system-wide improvement driven by an unrelenting focus on change, improvement and results so that we will achieve rapid referral & linkage that integrates donation process management with a passionate aggressive pursuit of every donation opportunity. HRSA created the new Community of Practice at the 5th National Learning Congress, where they unveiled the integrated hospital-centered Change Package. Eighteen eye bankers attended, with 10 presenting or moderating sessions. A cornea recipient won the art contest, and eye banks joined their OPOs and hospitals in receiving medal of honor awards for achieving goals. We have the opportunity again to contribute our wisdom and our energy at the 6th National Learning Congress, November 3-4, 2010, at the Gaylord Texan Hotel in Grapevine, TX.

How will we move forward, at our eye banks, collectively as the eye banking community, and in our broader community of practice? The challenge is for eye bank leaders to continue the momentum of the collaborative, and take advantage of the opportunities these challenging times present.

STRATEGIC PLANNING
In 2007, EBAA President & CEO Patricia Aiken-O’Neill, Board members and selected EBAA members embarked on a vision to review the Association’s strategic plan, developed in 2003, and craft a new strategic plan – one that would utilize the EBAA’s mission and equip the Association for the future. After a series of pre-planning activities, the EBAA sought the assistance of Marsha Link, PhD, Principal in Link Consulting, to facilitate the strategic planning process. In December 2008, a strategic planning retreat was held in Washington, DC. During the retreat, attendees assessed the current and future direction of the Association, reviewed the 2003 long-range planning session and participated in break-out groups to identify the organization’s strengths, weaknesses, opportunities and threats. These tasks were used as the foundation for attendees to identify key strategies for catapulting the Association into a dynamic and expedient future. Once voted upon, the attendees established what are now the three major strategies of the plan:

I. Revise and update, if necessary, EBAA’s mission and create vision and values statements

II. Promote the opportunity for organizations and individuals involved and holding a valued interest in eye banking to be part of the EBAA
   • to strengthen the EBAA’s position as the expert in eye banking
   • to emphasize the unique aspects of eye banking

III. Develop a plan for increasing physician involvement in EBAA

To expedite the strategic plan and to ensure EBAA membership participation, a tentative timeline was drafted for the full implementation of the plan and participants were assigned to serve on groups that would oversee each of the strategies.

Within the last year, under the direction of the Vision, Mission, and Values ad-hoc group, Strategy I was drafted, voted on, passed and implemented. Also, Strategies II and III are underway, including the development of potential groups to add to membership as well as a preliminary draft of a leadership training program for young physicians, respectively.
THE LEADERSHIP INSTITUTE
The EBAA, in conjunction with SightLife and Vision Share, launched a leadership program for executives and board chairs in 2008. Two leadership meetings were held in 2008 and 2009 in Hawaii and San Antonio, respectively. The EBAA undertook a needs assessment of the membership to assist the Association in the development of this program and in early 2009, the “initiative” expanded into an “institute,” under development by Marsha Link, PhD.

A Leadership Institute meeting was held in Palm Springs, CA, March 2-3, 2010. While the previous two programs focused exclusively on eye bank Executive Directors/CEOs and their Board Chairs, this meeting included professional development opportunities for those mid-level and senior-level eye bank staff who are Rising Stars/Future Leaders in their respective organizations. The EBAA looks forward to the future and growth of the Leadership Institute and seeks to accommodate a larger representation of the membership who could benefit from leadership education.

PRINCIPLES OF PROFESSIONAL CONDUCT
In 2009, the EBAA formed an ad-hoc group to discuss rules of engagement for the Association. The end product would be called “Guidelines for Professional Conduct.” The ad-hoc group, led by Beth Binnion, executive director of the Cincinnati Eye Bank for Sight Restoration, worked on proposing guidelines for professional conduct for the eye banking community.

During the revision of the EBAA Code of Ethics and harmonization of Association documents with the EBAA Mission, Vision, and Values statements, the ad-hoc group agreed that the final product would be called the “Principles of Professional Conduct.”

The final draft of the Principles was presented to and accepted by the Board of Directors in October 2009; each member eye bank in turn, received a framed copy of the Principles. To exemplify its dedication to upholding these principles, the EBAA posted them to its website and is committed to reminding its members of the Principles on appropriate occasions, such as at meetings, and in agenda books.

STATISTICAL REPORT INFORMATION
The report is a compilation of information provided to the EBAA by 78 U.S. and nine international eye banks and reflects an essentially complete picture of eye banking activity in the United States.

In 2009, the number of donations reported by EBAA U.S. members increased 13.1% to 107,289, up from 94,864 in 2008. This was the first year the number of donations exceeded 100,000. Total corneal grafts provided for transplant by EBAA U.S. member eye banks also increased 12.3% to 59,784 from 52,487 in 2008. The number of transplants performed in the U.S. rose by 2.3% to 42,606, up from 41,652 in 2008. The amount of tissue offered for research increased by 6%, from 13,730 to 14,547. Eyes provided for training and education increased by 32.1% to 7,113 from 5,385.

For statistical reporting purposes, eye banks count all of their facilities that distribute from a centralized area, under one legal entity. When the EBAA reports a higher membership total in its materials, it bases its count on an accreditation list that separates each facility that is inspected, even if it belongs to an umbrella agency.
The Eye Bank Association of America wishes to thank the individuals and organizations who have contributed to our goal of restoring sight worldwide throughout the year. Our efforts would not be possible without their support.

**$10,000 and above**
- Bausch & Lomb Surgical
- Bausch & Lomb, Lindstrom Fund
- Combined Federal Campaign (CFC)
- LifePoint, Inc.
- SightLife, Inc.

**$5,000 to $9,999**
- HAI Laboratories, Inc.
- Konan Medical USA, Inc.
- North Carolina Eye Bank, Inc.

**$1,000 to $4,999**
- Georgia Eye Bank, Inc.
- Midwest Eye-Banks
- Minnesota Lions Eye Bank
- Moria, Inc.
- Stephens Instruments
- Transplant Connect

**2010 Annual Meeting Exhibitors**
- Abeamed, Inc.
- Ansell Healthcare
- Bausch & Lomb
- BD Medical Ophthalmic Systems
- DHL Same Day
- Donate Life America
- Global Sight Network
- Haag-Streit USA
- HAI Laboratories, Inc.
- Konan Medical USA
- Krolman
- LABS, Inc.
- LaserShip, Inc.
- Moria, Inc.
- National Disease Research Interchange (NDRI)
- Network Global Logistics
- Numedis, Inc.
- Ocular Systems, Inc.
- Ophthalmic Mutual Insurance Company (OMIC)
- Optovue, Inc.
- Refractive Technologies, Inc.
- Southland Medical
- Stephens Instruments
- Sterling Courier
- Stradis Healthcare
- Tissue Banks International
- Transplant Connect
- ViroMed Laboratories
- Yourway Transport, Inc.

**FINANCIAL INFORMATION**

- Miscellaneous: $500,220
- Richard Lindstrom/EBAA Research Fund: $1,089,303
- Combined Federal Campaign (CFC): $30,084
- Run for Vision: $17,300

**Membership Directory:** $1,790
The Eye Bank Association of America awarded the 2009 R. Townley Paton Award during the EBAA Fall Educational Symposium in San Francisco, California, October 23, 2009 to Thomas Lindquist, MD, PhD, Medical Director for SightLife, Inc., based in Seattle, Washington.

The R. Townley Paton Award is the EBAA’s highest honor for corneal physicians, and is presented annually to an ophthalmologist in recognition of his/her outstanding contribution to the EBAA’s development and for exemplifying the precepts of R. Townley Paton, MD, the father of modern eye banking and the founder of the first eye bank established in the United States. Dr. Lindquist has served on the EBAA Medical Advisory Board (which he is still a member of), in addition to being a former chair of the Research Committee and a past president of the Western Region. He is a Medical Director of SightLife, Inc. in Seattle and currently serves as Chair of the Medical Review Sub-Committee and a member of the Statistical Report Taskforce.

The Gift of Sight Award is presented to a professional who works closely with the eye banking community and has gone above and beyond the call of duty in support of eye and corneal donation. This award honors a person who has had an impact on eye banking and made an extraordinary contribution to sight restoration.

Rep. Folwell came to learn firsthand about the importance of donation in May of 1999, when his 7-year-old son Dalton was killed by a motorist who passed a school bus with its stop arm extended. Agreeing to let Dalton become a donor was only the first step in his and his wife’s efforts to bring hope to other North Carolina residents whose lives would be changed because of eye, tissue and organ donation.
In 2009, because of Rep. Folwell’s support, the North Carolina Eye Bank helped facilitate 3,660 corneal transplants across the U.S. and internationally.

Rep. Folwell sponsored NC House Bill 1372. This bill, also known as the Heart Prevails legislation, ensures that if a heart is on a person’s driver’s license, his or her request must be honored legally. This legislation helped to shorten the eye and organ donation process in the state.

In 2009, because of Rep. Folwell’s support, the North Carolina Eye Bank helped facilitate 3,660 corneal transplants across the U.S. and internationally.

As a result of Rep. Folwell’s tireless efforts in challenging North Carolinians to add their name to the state registry, the four millionth North Carolinian joined the state’s organ, eye and tissue donor registry by the end of April 2010, making it the sixth largest registry in the nation.

Rep. Folwell continues to accept opportunities to speak about his experiences and bring awareness to donation.

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2010 Leonard Heise Award Recipient

The Eye Bank Association of America (EBAA) presented Dean Vavra with the 2010 Leonard Heise Award during its 49th Annual Meeting in Hilton Head Island, SC.

The Leonard Heise Award is presented to a non-physician individual within the eye-banking community recognized for outstanding devotion to the EBAA’s development and for exemplifying the precepts of Leonard Heise, a major contributor to the fight against blindness and one of the EBAA’s original founders.

Mr. Vavra has 27 years of eye banking experience and has been a Certified Eye Bank Technician (CEBT) since 1989. He has served on the Board of Directors for the Eye Bank Association of America, Vision Share and is the Vice-President of the Rocky Mountain Lions Eye Institute Foundation in Colorado. Dean currently serves as a member of the Regulatory & Legislative Affairs and Technician Education Committees and the Procedures Manual Sub-Committee.

Mr. Vavra has also worked tirelessly as an instructor for 10 Technician Education Seminars and as a presenter at numerous EBAA training sessions and meetings. He is the author or co-author of 10 published papers on eye banking or ophthalmology-related topics.

Having served in both Afghanistan and Iraq, Mr. Vavra retired from the Colorado National Guard in 2005. He obtained his Master of Science Degree in Management from Colorado Christian University’s School of Business.

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2010 Crystal Cornea Award Recipients

Eleven-year-old twin cornea transplant recipients Madison and Malia Nichols will be awarded the Crystal Cornea Award during the EBAA’s Fall Leadership Meeting in October 2010.

The Crystal Cornea Award is presented to media organizations, lawmakers or individuals who have made outstanding contributions through creative design, speaking, writing, publishing or airing information that advances the mission of the EBAA.

The Nichols twins began volunteering at the Michigan Eye Bank in March 2008, and since that time, have made great efforts to promote eye donation in their community and throughout the state of Michigan. Within the last two years, they have held a donor registry drive at their church during National Donor Sabbath Weekend, written and illustrated The Blind Porcupine and participated in a taping session to create two PSAs for Midwest Eye-Banks.

The youngest recipients to receive the Crystal Cornea Award, the Nichols twins were featured during Michigan Eye-Bank’s 2010 Night for Sight celebration in April and were special guests at the Donate Life Coalition of Michigan annual fundraiser, ALIVE’10.
RESEARCH GRANTS

The EBAA awarded a total of $67,308 to the following recipients of its 2010 Research Grants. Research grants are awarded annually to provide support for proposals specifically concerned with issues directly related to eye banking and/or corneal transplantation. The EBAA research grant program is made possible through the Bausch & Lomb, Lindstrom Fund for Corneal Research.

Mechanism of Endothelial Cell Apoptosis in Fuchs’ Dystrophy
Principal Investigator: Behrooz Azizi, Schepens Eye Research Institute - Boston, MA
Eye Bank Affiliation: N/A
Aim of this study: 1) To determine if oxidative stress is a cause of apoptosis in FECD in vitro and in vivo. 2) To determine if there is a differential response of normal and FECD endothelium to oxidative stress in vitro by measuring antioxidant defense system activation.
Amount Awarded: $9,778

Glycerol Preserved Cornea for Deep Anterior Lamellar Keratoplasty
Principal Investigator: Christine A. Curcio, MD, Alabama Eye Bank - Birmingham, AL
Eye Bank Affiliation: Alabama Eye Bank
Aim of this study: To compare, characterize, and optimize different means of preserving with glycerol corneas intended for deep anterior lamellar keratoplasty (DALK).
Amount Awarded: $10,000
Development of an Advanced Delivery System for Limbal Stem Cells

Principal Investigator: Sheraz Daya, MD, Corneo Plastic Unit, Queen Victoria Hospital
Eye Bank Affiliation: East Grinstead Eye Bank
Aim of this study: To investigate how limbal cells grow and can be stored on a delivery/support matrix. The aim is to deliver an “off the shelf” cell sheet from cryopreserved cell bank stocks of limbal cells.
Amount Awarded: $5,000

Enrich Tolerogenic Cell in Graft to Promote Transplant Survival

Principal Investigator: Takaaki Hattori, Schepens Eye Research Institute - Boston, MA
Eye Bank Affiliation: New England Eye Bank
Aim of this study: 1) Characterize tolerogenicity of “alternatively activated” antigen presenting cells (APC) in corneal alloimmunity. 2) Engraft ex vivo manipulated donor buttons enriched for tolerogenic APC to promote transplant survival
Amount Awarded: $10,000

Use of Aspirin-triggered Lipoxin Agonist (ATLa) to Promote Corneal Allograft Survival

Principal Investigator: Yiping Jin, Schepens Eye Research Institute - Boston, MA
Eye Bank Affiliation: New England Eye Bank
Aim of this study: 1) To investigate the regulatory effect of ATLa on corneal inflammation and angiogenesis in the allogenic transplant setting. 2) To investigate the effect of ATLa on allosensitization in corneal transplantation. 3) To investigate the effect of ATLa on corneal allograft survival.
Amount Awarded: $10,000

An Efficacy Comparison of Optisol GS and Life 4°C

Principal Investigator: Brian Philippy, Lions Medical Eye Bank & Research Center of Eastern Virginia – Norfolk, VA
Eye Bank Affiliation: Lions Medical Eye Bank & Research Center of Eastern Virginia
Aim to this study: To determine if Life4°C™ maintains healthy endothelial and epithelial cell count and prevent corneal swelling when compared to Optisol GSTM
Amount Awarded: $7,530

Use of Azithromycin to Promote Corneal Allograft Survival

Principal Investigator: Zahra Sadrai, Schepens Eye Research Institute – Boston, MA
Eye Bank Affiliation: New England Eye Bank
Aim to this study: 1) To determine the effect of AZM on dendritic cell infiltration and maturation. 2) To determine the effect of AZM on corneal cytokine expression and adhesion molecules. 3) To determine the effect of AZM on the outcome of corneal allograft survival.
Amount Awarded: $10,000

Development of Limbal Stem Cell Niche for Ocular Transplantation

Principal Investigator: Maryam A. Shafiq, University of Illinois at Chicago
Eye Bank Affiliation: N/A
Aim to this study: 1) To develop limbal stem cell niche (crypts) in cadaver corneas (in vitro): a.) decellularization of cadaver cornea b.) re-population of decellularized corneas with corneal fibroblasts and epithelial cells c.) stratification of epithelium and formation of limbal niche (crypts). 2) To test the limbal niches into an animal model of limbal stem cell deficiency (LSCD) (in vivo) a) development of a LSCD model. b.) Transplantation of a limbal stem cell niche into a LSCD animal model. c.) Evaluation of the integrity of limbal stem cell niche after transplantation.
Amount Awarded: $5,000

NETWORKING GRANTS

Networking grants are awarded annually to promote an educational interchange of ideas between eye banks.

Heartland Lions Eye Bank (HLEB) will network with the Lions Eye Bank of Oregon to learn new and helpful information about pre-cut tissue. The HLEB plans on comparing and contrasting two eye bank pre-cutting programs to learn best practices.
Amount Awarded: $1,500

The Lions Eye Bank of Oregon will visit three eye banks to learn about their quality assurance and regulatory compliance programs and to establish industry norms for quality assurance compliance programs.
Amount Awarded: $1,500

SightLife, Inc. will network with Minnesota Lions Eye Bank to improve processes and conversion rate by developing a program for eye bank managers to monitor cases that did not move forward to consent or conversion.
Amount Awarded: $1,500
Mary Jane O’Neill Fellowship in International Eye Banking
The Mary Jane O’Neill Fellowship in International Eye Banking is designed to provide medical and technical personnel from eye banks in developing countries with the skills necessary to develop, operate, and maintain successful eye banks – ultimately, reducing blindness due to corneal disease or injury.

The 2010 Mary Jane O’Neill Fellowship in International Eye Banking has been awarded for the first time to two recipients: Debasmita Sur of India and Nikolay Surchev, MD, of Bulgaria.

Ms. Sur is an Eye Bank Manager at the Drushti Daan Eye Bank in Bhubaneswar, Orissa, India and was trained at the L.V. Prasad Eye Institute in Hyderabad. She obtained her Bachelor of Science degree at Trident Academy of Creative Technology, Utkal University in Orissa and her Post-Graduate Diploma in Pharmaceutical Management from IPHMR, Kolkata.

Dr. Surchev received his doctoral degree in 2008 from the Medical University Sofia in Sofia, Bulgaria. He is currently a PhD student at the University Eye Hospital in Sofia and works at the International Eye Bank as an Eye Bank Supervising Ophthalmologist.

During their multi-week fellowships, both recipients will attend several meetings including the EBAA Fall Leadership Meeting, the American Academy of Ophthalmology’s (AAO) Annual Meeting and the Joint American Association of Tissue Banks (AATB)/EBAA Quality Assurance Workshop. Dr. Surchev and Ms. Sur will also have the opportunity to train at their host eye banks - Dr. Surchev with the Lions Eye Bank of West Central Ohio–TBI and the National Eye Bank Center–TBI and Ms. Sur with SightLife, Inc.

PATRICIA AIKEN-O’NEILL CELEBRATES 20 YEARS AS EBAA PRESIDENT & CEO!
While there have been many, below are some of the valuable accomplishments of and advancements in the Association during her tenure:

• Established the Certification Board
• Instituted a Two-Person Accreditation Site Inspection Team
• Revised the Constitution & Bylaws
• Instituted the Certified Eye Bank Technician (CEBT) Pinning Ceremony
• Contracted With an Outside Testing Organization to Administer the CEBT Exam; Scheduled CEBT Exam at Centers Nationwide
• Established a Reserve of up to $2 million
• Administered Online Adverse Reaction Reporting
• Led Federal Advocacy Efforts and Acted as a Liaison with other Organizations and Leaders
• Planned and Implemented Four Strategic Plans
### EBAA Board of Directors (2009–2010)

#### Executive Committee

**Chair (2008–2010)**
Bruce Varnum

**Chair-Elect (2008–2010)**
Marian Macsai, MD

**Immediate Past Chair (2008–2010)**
Edward Holland, MD

**Secretary (2008–2010)**
Monty Montoya

**Treasurer (2008–2010)**
Woodford Van Meter, MD

#### Executive Committee at-Large Members


Linda Fraser (2008–2010)

#### Ex-Officio, Per Article 4.6:

**Medical Advisory Board Chair (2004–2010)**
David Glasser, MD

**EBAA President & CEO**
Patricia Aiken-O’Neill, Esq.

#### Board of Directors

**At-Large Members:**

- Michael Belin, MD (2008–2011)
- Donna Drury (2009–2012)
- David Korroch (2009–2012)
- Michael Nordlund, MD, PhD (2008–2011)
- Susan Sullivan, PhD (2007–2010)

**Appointed Per Article 4.2 E:**

- AAO Representative
  - Alan Kozarsky, MD (2008–2010)

**Appointed Per Article 4.2 D:**

- Designated by the Board

- Linda Fraser (2008–2010)


- Doyle Stulting, MD, PhD (2008–2010)

**Representatives By Size:**

- Small Bank:
  - Ginger Miller, RN (2009–2011)

- Medium Bank:
  - Victoria Adler (2009–2011)

- Large Bank:
  - Jason Woody (2009–2011)

#### EBAA Staff

**President & CEO**
Patricia Aiken-O’Neill, Esq.

**Director of Member Services**
Molly Georgakis

**Director of Finance**
Dorothy Robinson

**Director of Regulatory Affairs, Accreditation & Medical Standards**
Jennifer DeMatteo

**Information Specialist**
Patricia “Trish” Hardy

**Education Programs Coordinator**
Stacey Gardner

**Membership Programs Coordinator**
Vacant

**Administrative Support Services Coordinator**
Tyfany Williams