



Sight is a Right

April 4, 2025

Uganda 2025 Mission Report

Dear Sight is a Right Partners, Sponsors, Supporters, and Volunteers,

Our inaugural mission last month in Uganda was simply amazing. This was our first outreach in Africa and it definitely will not be our last. All of us fell in love with the people and the beauty of the country. We were able to serve 1,807 patients over 4 days of clinic, the vast majority (well over 90%) of whom never had an eye exam. Most people in Uganda do not wear glasses.



Our partner and host in this endeavor was For World Wide Smiles, a 501(c)(3) non-profit organization that helps in dental, health, disease prevention, and maternal healthcare in the Caribbean and Africa.

Our volunteers, all from the US, traveled half-way around the world, arriving in Entebbe, Uganda on Sunday, March 16. We spent the night in Kampala and traveled the next day by bus, arriving in Kasese about 12 hours later. Our home for the week was literally across the road from Queen Elizabeth National Park, where we all enjoyed an incredible safari the day after completion of the clinic. We also stood on and crossed the equator several times.

Our clinic was located in the town of Kasese at the community center. Crowds formed each day for life-changing eye care services including health screenings, full eye exams with pathology, referrals, medications (predominately for glaucoma), sunglasses, reading glasses, pre-made prescription glasses, and custom prescription glasses where patients chose their own frame. These will be made and delivered to them in the next two to three months. Children watched us intently all day as we worked in clinic and waited for their turn for services. All of our equipment and supplies were hand carried by the team into the country.



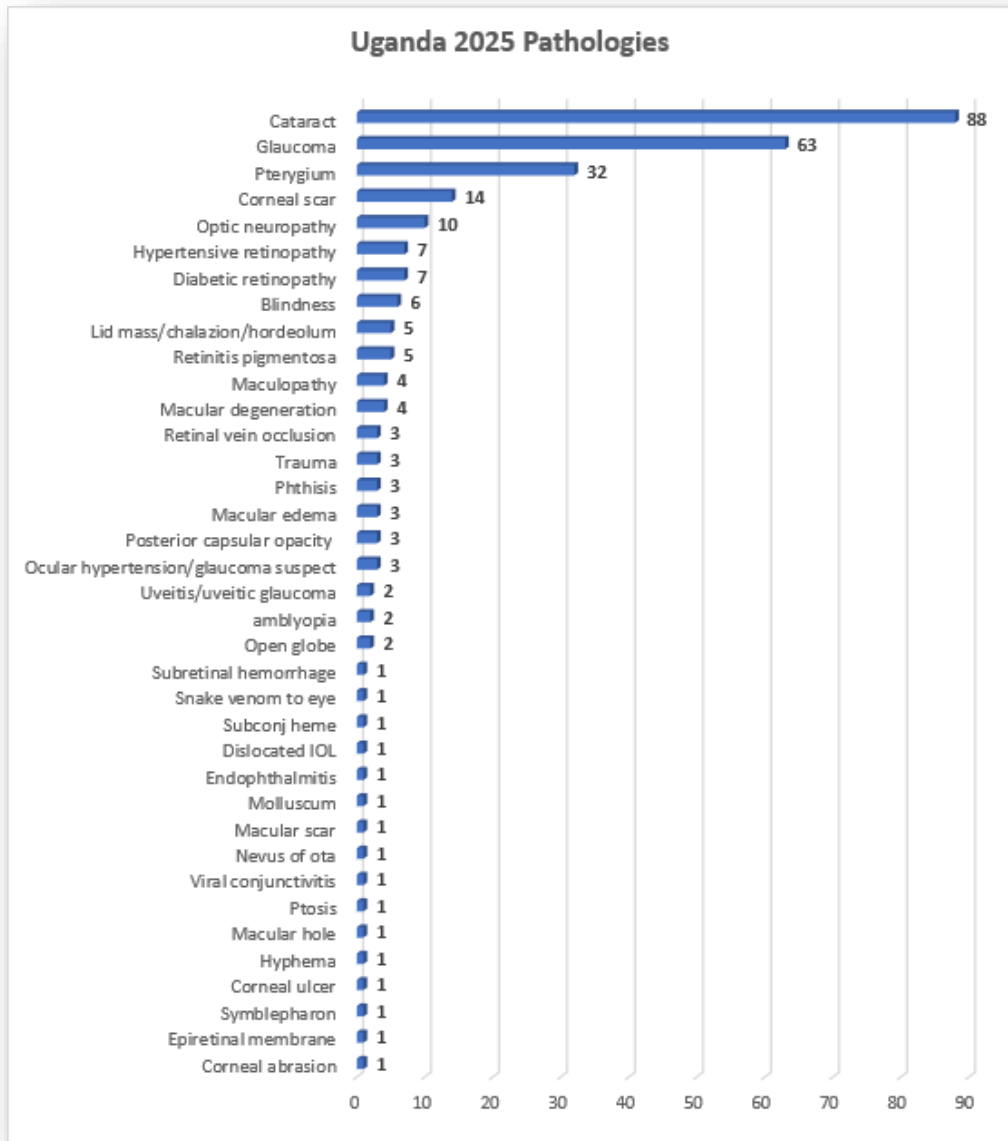
Our doctors diagnosed a wide variety of ocular disease with almost 14% of all patients examined exhibiting a pathology. Most received referrals (~250 patients) for

follow up treatment of their condition, predominately cataracts, pterygium, and glaucoma. Our patients exhibited a surprisingly small prevalence of diabetic retinopathy despite the relatively high prevalence of diabetes mellitus and hypertension in the population. They also exhibited a surprisingly small amount of pterygium considering that they reside on the equator with an incredibly high UV index. It is more surprising as few wear hats and less sunglasses. As always, we counselled on the importance of wearing sunglasses, and made sure everyone left with a good quality pair as part of our complete care. Canes for the blind were also provided as needed.



One of our patients was a 13-year-old child with a bleed in his eye and severely elevated eye pressure in the 40s after a soccer ball injury to the eye. Despite initiation of maximum pressure-lowering eye drops, the child's eye pressure remained elevated the following day. Since such elevated eye pressures can quickly lead to blindness, our doctors performed an anterior chamber tap following sterile techniques, removing bloody aqueous fluid and lowering the child's eye pressure to 10.

	Total	% All Pathologies	% All Pathology Patients	% All Patients
Total Pathologies:	285			
Cataract	88	30.9%	35.2%	4.87%
Glaucoma	63	22.1%	25.2%	3.49%
Pterygium	32	11.2%	12.8%	1.77%
Corneal scar	14	4.9%	5.6%	0.77%
Optic neuropathy	10	3.5%	4.0%	0.55%
Diabetic retinopathy	7	2.5%	2.8%	0.39%
Hypertensive retinopathy	7	2.5%	2.8%	0.39%
Blindness	6	2.1%	2.4%	0.33%
Retinitis pigmentosa	5	1.8%	2.0%	0.28%
Lid mass/chalazion/hordeolum	5	1.8%	2.0%	0.28%
Macular degeneration	4	1.4%	1.6%	0.22%
Maculopathy	4	1.4%	1.6%	0.22%
Ocular hypertension/glaucoma suspect	3	1.1%	1.2%	0.17%
Posterior capsular opacity	3	1.1%	1.2%	0.17%
Macular edema	3	1.1%	1.2%	0.17%
Phthisis	3	1.1%	1.2%	0.17%
Trauma	3	1.1%	1.2%	0.17%
Retinal vein occlusion	3	1.1%	1.2%	0.17%
Open globe	2	0.7%	0.8%	0.11%
amblyopia	2	0.7%	0.8%	0.11%
Uveitis/uveitic glaucoma	2	0.7%	0.8%	0.11%
Corneal abrasion	1	0.4%	0.4%	0.06%
Epiretinal membrane	1	0.4%	0.4%	0.06%
Symblepharon	1	0.4%	0.4%	0.06%
Corneal ulcer	1	0.4%	0.4%	0.06%
Hyphema	1	0.4%	0.4%	0.06%
Macular hole	1	0.4%	0.4%	0.06%
Ptosis	1	0.4%	0.4%	0.06%
Viral conjunctivitis	1	0.4%	0.4%	0.06%
Nevus of ota	1	0.4%	0.4%	0.06%
Macular scar	1	0.4%	0.4%	0.06%
Molluscum	1	0.4%	0.4%	0.06%
Endophthalmitis	1	0.4%	0.4%	0.06%
Dislocated IOL	1	0.4%	0.4%	0.06%
Subconj heme	1	0.4%	0.4%	0.06%
Snake venom to eye	1	0.4%	0.4%	0.06%
Subretinal hemorrhage	1	0.4%	0.4%	0.06%

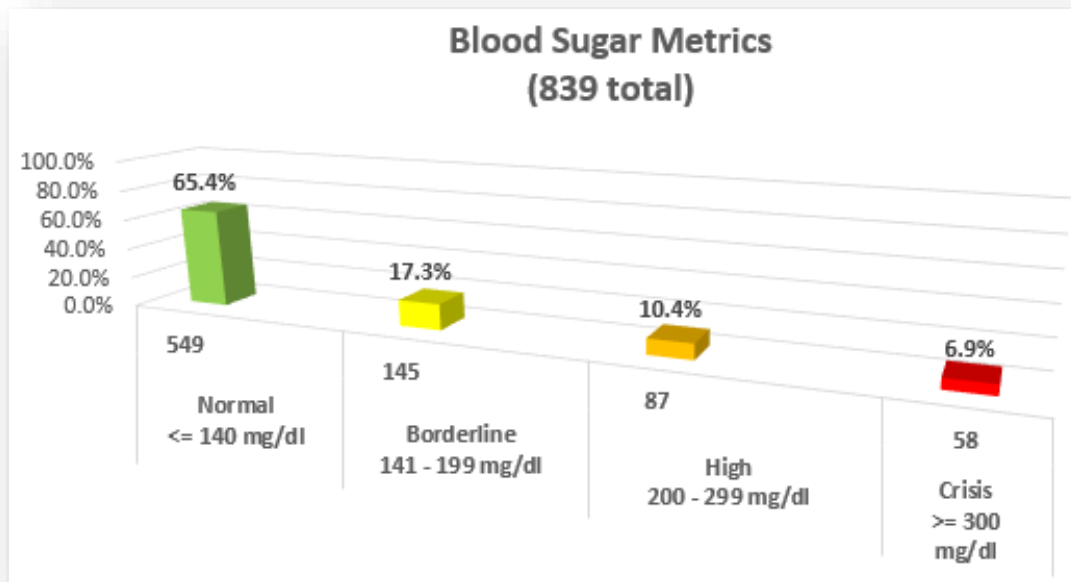
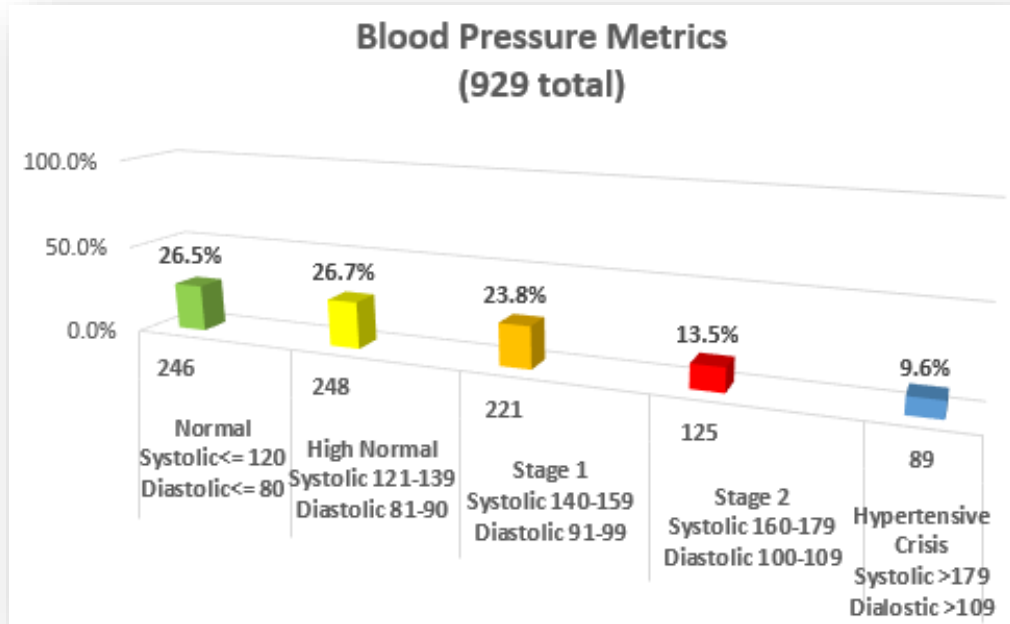


Our physician and nurses performed 929 hypertension screenings and 839 glucose screenings. Of those tested for hypertension, 46.8% were found to have elevated blood pressure readings (>140/91 mmHg), with the highest reading of 283/130 mmHg. Of those screened for diabetes mellitus, 17.3 % were found to have elevated blood sugar levels (>200 mg/dL), with the highest level of 576 mg/dL. Those with abnormal levels were provided verbal and written education on the specific disease process. This includes its



impact on eye health / visual function and on vital end organs, such as the heart and brain. They were also told it contributes to an increased risk of atherosclerotic cardiovascular disease, such as heart attack and stroke. These patients were highly encouraged to go to their hospital or local healthcare provider for immediate care or further evaluation.

The charts below illustrate the percentage of pathologies for those patients screened:



The metrics for Uganda 2025 are as follows:

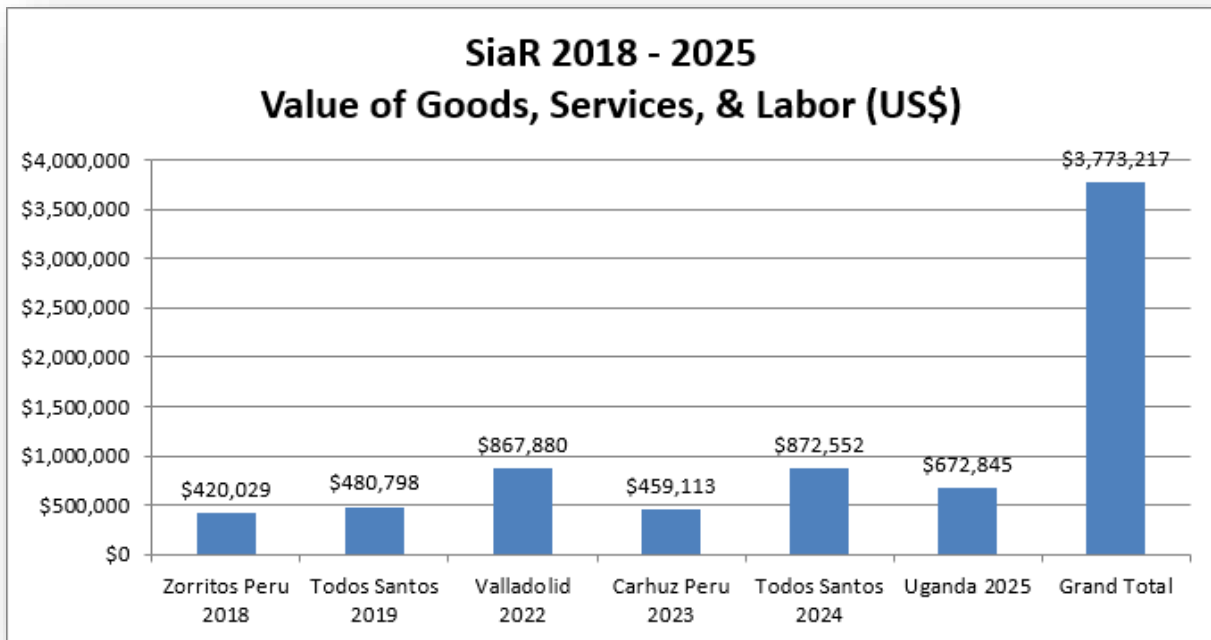
- Clinic location in Kasese, Uganda, Africa
- 4 days of clinic from March 19 to March 22, 2025
- Sight is a Right team of 23 from the United States:
 - 6 optometrists, 3 MDs, 4 opticians, and 10 support
 - plus, several local volunteers
- 1,807 vision exams performed
- 320 pairs of prescription glasses:
 - 280 to be fabricated in the US and returned to our patients in 2 - 3 months
 - 40 pre-made distributed in clinic
 - 17.7% of clinic patients required prescription glasses
 - This is the lowest ratio we have seen for number of glasses per patient. It is often more than twice this percentage. We are not sure why this is the case.
- Distributed ~2,370 pairs of sunglasses
- Distributed ~1810 pairs of reading glasses
- Distributed medications worth over US\$360,338
- Performed 929 hypertension screenings
- Performed 839 glucose/diabetes screenings
- Referred ~250 patients for cataract surgery and other pathologies



The estimated value of goods and services delivered for our Uganda 2025 mission is **US\$672,844**:

Sight is a Right has no paid members or staff. We are a 100% volunteer organization:

- We were able to realize ~US\$64.44 in support for every US\$1.00 spent (overall value)
 - Our total overhead for goods and services delivered is only 1.6% (cost)
 - This means 98.4 cents of every dollar spent went directly to provide goods and services
- We have delivered over US\$3.77 million in goods, services, and labor since our first mission in 2018. This includes serving 14,411 patients and distributing 30,091 pairs of glasses.



This outreach could not be accomplished without the tremendous support of our partners, sponsors, supporters, and volunteers.

Huge respect to our partner and hosts Faria and Dr. Sherwin Shinn and their nonprofit For World Wide Smiles. We greatly appreciate your hospitality and all of the support you provided to ensure our mission was a huge success. Keep up your great work throughout Uganda. We were proud to serve with your organization.

Much respect to all of our local volunteers including Fariida Nabukenya, Twalib Jim, Zulea Jim, Mr. Moses, Rukia Nabbanja, Sheila Irene Mbabazi, Bridgette Mbabazi, Faluku Magombe, Simon Peter Lubega, Gorreti Kisakye, Fatumah Nakato, Andrew Kawalya, Ssendendo Geoffrey, Joseph Bukenya, Jackson, and several others whose names I don't know. Your assistance allowed us to see and communicate with many more patients.



Many thanks to our supporters – Quest Vision Care Specialty Lab, Michael Walach, OneSight EssilorLuxottica Foundation, americares, Great Shape! Inc. iCARE, Eye Believe Foundation, Drs. Travis & Jenna Zigler, Dr. Tim Lynch, Ministry of Health Uganda, Emirates Airlines, National Vision, Charmant USA, Henry Schein, Rotary International, Restoring Vision, Yetta Jean Stern, Kurt Fischer, Leon & Robyn Andris, Dr.

Daniel Brown, Jamita Yizar, Cheryl Goldberg, and Brenda Travis. Your steadfast sustenance makes all of this work possible.

Big up to the board members of Sight is a Right for your stewardship of our small but mighty organization: Dr. Alex Pinhas, Jason Forbes, Dr. Dan Brown, and Dr. Kathy Ward.

And finally, deep, heartfelt gratitude and respect to all of our Sight is a Right Uganda 2025 mission team volunteers who travelled half-way around the globe, donated to our cause, and worked tirelessly to serve a grateful and deserving community with grace and love: Dr. Alexander Pinhas, Amy Arcand, Dr. Beverly Chado, Boris Pinhas, Dr. Brian Haugen, Cheryl Chado, Crystal Blevins, David Friedman, Ella Heddinghaus, Dr. Gabriela Miller, Dr. Gary Knowles, Jamita Yizar, Joanne Harris, Kimberly LaRue, Kristina Frazier, Marilyn Blevins, Neal Arcand, Dr. Rose Knowles, Dr. Shawna Heddinghaus, Stacie Amatangelo, Dr. Stella Pinhas, and Dr. Steven Landucci. You are truly my heroes as well as heroes to the people of Kasese. I love you all for your inspirational, selfless service to others, and your willingness to do what few others are willing to do. Keep being awesome!



“At the intersection where your gifts, talents, and abilities meet a human need; therein you will discover your purpose.”

- Aristotle

We look forward to serving many more communities in the years to come. At Sight is a Right we believe that healthcare is a fundamental human right that should be available to everyone regardless of their economic circumstances. We identify underserved communities throughout the world and provide them with free healthcare services, with the primary focus of eye care. Everyone deserves vision!

Blessings and thank you,



Steven Stern

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Sight is a **Right**

