An Historic Occasion...

Groundbreaking: The Robert H. and Clarice Smith Building and the Maurice Bendann Surgical Pavilion at Wilmer
The View from Wilmer Development

Five years ago, when I joined the Wilmer development staff, I worried that I might never “get up to speed” on all of the extraordinary work being done by Wilmer clinicians and scientists. I was absolutely right! The nature of science and medicine in a place like Johns Hopkins is such that things are always evolving, improving, changing: research yields discovery and discovery brings progress. Wilmer has more than 100 full-time faculty members, each of whom is determined to do his or her best to make a positive difference in Wilmer’s mission to find new treatments and eventual cures for blinding eye diseases. There would probably be something amiss if a liberal arts major (such as I) could keep up with their progress!

What the Wilmer development team can do is our utmost to find the philanthropic support needed to help our brilliant faculty accomplish their goals. Some require a special piece of equipment for the lab, or money to fund a technician’s salary. Others need funding for a graduate fellow. We take tremendous pride in our role in helping them acquire the tools they need to succeed.

Years ago, former Wilmer director Dr. Goldberg and current director Dr. McDonnell realized the critical need for a new research and eyecare facility at Wilmer. On June 6th, 2007, we broke ground for the Robert H. and Clarice Smith Building and the Maurice Bendann Surgical Pavilion. It is a magnificent dream realized, and we are deeply grateful for the support of the generous donors (the majority of whom are not medical or scientific experts), listed on page 8 of this publication and to all of those who will help us complete the funding. Whether scientists or liberal arts majors, the quest to end blindness is what binds us together.

Laurette L. Hankins
Director of Development
lhankin2@jhmi.edu
June 6 marked an auspicious occasion in the eighty-three year history of the Wilmer Eye Institute, with construction commencing on a new research and surgical building. When completed, roughly two years from now, this magnificent structure will make Wilmer much larger, more modern and more attractive. But none of these adjectives captures the real reason this building is so important to us. The bottom line is that this building will make us better.

- Better in surgery, as the new facility will permit us to operate much more efficiently, performing approximately 50% more operations. Patients will find the surgical experience much easier and “friendlier,” with less waiting time. Surgeons and nurses will find it a better place to work, with less stress and less “busy work,” allowing more time to concentrate on our patients.

- Better in research, as our scientists will no longer be limited by space. Also better because our scientists will work together in open “research neighborhoods”, where they will be able to share equipment, expertise and ideas to accomplish their work more rapidly and successfully.

- Better healers in our clinics, as we redesign our clinical areas in our existing buildings to make them more patient-friendly. Our physicians will be able to work in teams to help the patients with multiple complicated problems who so often come to us and who need care from multiple specialties.

- Better educators in our clinics, laboratories and operating rooms, as our greater efficiency means more time spent teaching the next generation of ophthalmologists and scientists, and more time working in teams and teaching each other.

Since my return to Wilmer four years ago, I have frequently found myself marveling at the talent, dedication and creativity of so many of the people who work at the Institute. Whatever kind words are said about Wilmer, and however prominently we appear in national rankings, Wilmer faculty and staff are never complacent. Rather, they are always looking for ways to improve. It is truly exciting to look toward the future and imagine how many patients in our country and throughout the world will benefit from the scientific discoveries and the much larger number of eye surgeries that this new building will make possible.

On behalf of all who work at Wilmer, I offer heartfelt thanks to those generous individuals who made this groundbreaking happen, and my gratitude, in advance, to those who will help us complete the funding for the entire transformational structure. Thank you for making us better.

Peter J. McDonnell, M.D.
William Holland Wilmer Professor and Director

“We shape our buildings. Thereafter, they shape us.”

Winston Churchill
Groundbreaking Brings Wilmer’s Vision to Life

The Wilmer Eye Institute is a giant step closer to realizing its dream of a new state-of-the-art facility to better serve patients and their families and to facilitate cross-disciplinary collaboration among researchers. Groundbreaking for the Robert H. and Clarice Smith Building and the Maurice Bendann Surgical Pavilion of the Wilmer Eye Institute at Johns Hopkins was held June 6.

More than 400 people gathered under a white tent at the future building site to cheer lead donor, Robert H. Smith, as he welded a sledgehammer to symbolically break through a mock glass wall that clouded the list of diseases and conditions of the eye that the Wilmer Eye Institute seeks to cure. In a moving ceremony that included remarks by leadership from Wilmer and Johns Hopkins University, Smith spoke eloquently about his commitment to being of service to his fellow man and the happiness this brings him.

After addressing the crowd that included Wilmer faculty, staff and friends, Johns Hopkins administration, elected officials, and generous donors to Wilmer, Smith donned a hard-hat and declared, “The theme for today’s event is breakthroughs, so let’s go for a breakthrough, right here, right now.” Other major donors and Hopkins leaders joined him on stage for the finale. As Smith knocked down the wall, confetti cannons sounded and rained shiny bits of paper upon the audience which rose for a standing ovation.

“This is a key event in Wilmer’s history,” says Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology. “This building will allow our researchers to move beyond any
physical and space limitations; they will be limited only by the brilliance of their ideas.”

Located at the corner of Broadway and Orleans Street, the building will serve as the gateway to the historic Johns Hopkins East Baltimore campus. “This building holds a premier site,” says J. Michael Barber, project manager and senior associate for Ayers/Saint/Gross, one of two architectural firms designing the facility.

A major focus of the building’s design is to encourage collaboration among researchers and allow those coming into the field an opportunity to associate informally with their experienced colleagues, explains Barber. From the patient perspective, Barber says, “The design and finishes throughout the outpatient and surgical areas clearly communicate that patients are being treated in a world-class institution. In designing the operating rooms and recovery areas, we looked to improve both patient flow and efficiency.”

The building is named for Robert H. Smith and his wife Clarice, who is a member of the Wilmer Advisory Council. Smith drew on his 50 years of experience in the construction and real estate development business to serve as a catalyst in the building’s planning stages and to play a major role in accelerating the building’s timetable. “With every passing day, construction costs increase. We needed to move quickly to develop a timeline that would allow us to finalize completed plans and estimates as soon as possible,” acknowledges Smith, who worked closely with former Wilmer director Morton Goldberg, M.D. to streamline the pre-construction process.

“This building is absolutely crucial for the future of the Wilmer Eye Institute and all of those who struggle with all types of eye disease,” says Smith, whose mother-in-law was treated by Wilmer ophthalmologists for age-related macular degeneration. “For me, it has become a passion to make this building happen now. Our gift is a by-product of the reputation of Johns Hopkins and the quality of important initiatives Wilmer is undertaking.”

Rick and Sandy Forsythe, co-chairs of Wilmer’s Advisory Council, have been involved with Wilmer since Rick began treatment for macular degeneration some five years ago. They have provided funding for AMD research and related lab equipment and have been leadership supporters of the new building. “This is an exciting moment for Wilmer. We have never forgotten our first visit to Wilmer and the level of service we received,” says Rick, who has worked tirelessly to build support for the new building. “There are so many treatments today that were not available five years ago. We are thrilled to be part of Wilmer’s progress.”

“This building enables our surgeons to treat greater numbers of patients, who will find our state-of-the-art surgical facilities much easier to maneuver and more patient-friendly. Our people will work together more closely than ever, enhancing each other’s success in their clinics, operating rooms, laboratories, conference rooms, and even hallways,” adds Dr. McDonnell.

Key areas in the building include the Maurice Bendann Surgical Pavilion and the T. Boone Pickens Atrium. “There are commonalities between the business Maurice Bendann built — Bendann Art Galleries — and the Wilmer Eye Institute. Each is based on relationships and core values of quality, trust and loyalty,” says nephew Lance Bendann. “My uncle saw Wilmer as a place where quality of care was unmatched and unri-
Robert Smith breaks through a mock glass block wall to reveal the new building.
Morton Goldberg, M.D. congratulates Robert Smith during the ceremony.

Peter McDonnell, M.D., Rick Forsythe, Sandy Forsythe, Morton Goldberg, M.D.

Peter McDonnell, M.D., Jan McDonnell, M.D., Madeleine Pickens, T. Boone Pickens, Polly Stark, Walter Stark, M.D.

William Brody, M.D., Ph.D., Robert Smith, Clarice Smith, T. Boone Pickens
Groundbreaking Brings Wilmer’s Vision to Life

Continued from page 5

The five-story T. Boone Pickens Atrium increases natural light throughout the entire length of the building and provides an attractive space for researchers to meet informally and give presentations and for the Institute to hold special events. “Advancing health services and treatment and medical research is a key component of my philanthropy,” says T. Boone Pickens, legendary oilman, philanthropist and member of the Wilmer Advisory Council. “One of my objectives is supporting world-class institutions of which Wilmer Eye Institute is clearly among. I am a frequent visitor and I am always impressed with the facilities and the expertise of the Wilmer team.”

Construction is expected to begin immediately on the building with a target completion of summer 2009.

Major contributors to The Robert H. and Clarice Smith Building and the Maurice Bendann Surgical Pavilion of the Wilmer Eye Institute at Johns Hopkins Medicine

As of 06/05/2007, commitments of $5,000 and greater include:

$10,000,000 and above
- Maurice Bendann Trust
- Robert H. and Clarice Smith

$5,000,000 to $9,999,999
- Anonymous
- Robert and Arlene Kogod, the Charles E. Smith Family Foundation
- Forsythe Family Foundation
- James P. Gills, Jr., M.D. and Heather Gills
- T. Boone Pickens Foundation

$1,000,000 to $4,999,999
- Anonymous
- Anonymous
- Forsythe Technology, Inc.
- Guerrieri Family Foundation, Inc.
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- Mr. and Mrs. Jack Kay
- Mr. and Mrs. William T. Young, Jr.

$100,000 to $249,999
- Stephanie and Marshall Wishnack Fund
- Samuel B and Margaret C. Mosher Foundation

$50,000 to $99,999
- Howard and Elaine Brownstein Norman Raab Foundation
- Drs. Peter and Jan McDonnell

$25,000 to $49,999
- Catherine and Bruce Bass
- Beatrice C. Mayer Fund
- Harteveldt - Gomprecht Foundation
- Hecht-Levi Foundation, Inc.

$10,000 to $24,999
- Lucy Young Hamilton
- Inspire Pharmaceuticals, Inc.
- Cristina and Harry Quigley

$5,000 to $9,999
- Laurette L. Hankins
- Stratford C. Wallace

All gifts of $100,000 and greater will be prominently recognized in the lobby of the new Wilmer building.
**PENSION PROTECTION ACT OF 2006 (PPA)**

An Incentive to Make an Outright Gift to Johns Hopkins University from Your IRA

On August 17, 2006, President Bush signed the PPA into law. The section of the law relating to tax-free distributions from traditional or Roth Individual Retirement Account (IRA) assets can prove to be beneficial to Hopkins’ benefactors. You should consult with your own financial advisor to see how the PPA can be beneficial to you.

**WHAT ARE THE BENEFITS OF THE PPA?**

- The Act allows a donor to transfer up to $100,000 a year directly from an IRA to a qualified charity, like Johns Hopkins University, and not pay taxes on the funds.

- The gift to the charity excludes the contribution from the donor’s adjusted gross income (AGI) and is not subject to the 50 percent of AGI deduction rule.

- A distribution under the Act can satisfy your minimum distribution requirement.

**WHO IS ELIGIBLE FOR THE PPA?**

- The donor must be 70 1/2 years of age or older;

- The distribution must go directly from the IRA to Johns Hopkins University;

- Gifts cannot exceed $100,000 per taxpayer year in 2006 and then again in 2007; and

- Gifts must be outright (not to a donor-advised fund, support organization, charitable trust, pooled income fund, or charitable gift annuity).

**WHO CAN BENEFIT FROM THE PPA?**

- Donors who are required to take minimum withdrawals, but do not need additional income, can satisfy the distribution requirement with a transfer to Johns Hopkins.

- Donors who have already taken the maximum charitable income tax deduction (by giving up to 50 percent of their adjusted gross income) can now give up to $100,000 more from their IRA accounts because the IRA distribution is not subject to this limitation.

- Donors who receive no tax benefit when they make charitable gifts, because they do not itemize their deductions.

- Donors who are concerned that their IRA withdrawals will increase their AGI causing more of their social security income to be taxed.

- Donors who want to support Johns Hopkins and have major assets residing in their IRAs.

Please call the Office of Gift Planning for additional information at 1-800-548-1268 or 410-516-7954 or visit our website at [www.jhu.plannedgifts.org](http://www.jhu.plannedgifts.org)
Jeanne Seelbach always wanted to honor the memories of her father, G. Edward Durell, and her brother, G. Britton Durell. Her philanthropic interests led her to establish the Altsheler-Durell Foundation, through which she has funded gifts to the Wilmer Eye Institute, most recently the G. Edward and G. Britton Durell Professorship.

“There is great warmth in my heart for the researchers at Wilmer and what they have accomplished. This endowment brings great joy to me,” says Mrs. Seelbach, whose father suffered from low vision all of his life and was eventually treated by Dr. Arnall Patz at Wilmer.

Mrs. Seelbach was raised in Columbus, Ohio where her father was president of the Union Fork and Hoe Company. She was trained as a nurse at Massachusetts General Hospital and had a long and distinguished nursing career in Louisville, Kentucky. There she met her husband, whose family built the famous Seelbach Hotel in Louisville. Mrs. Seelbach still resides in Louisville.

In April, the inaugural G. Edward and G. Britton Durell Professorship was awarded to Gerard A. Lutty, Ph.D., professor in the ophthalmology department.

“Dr. Lutty is a gifted and accomplished scientist who has maintained consistently high levels of National Institute of Health grant funding for the last two decades,” says Peter J. McDonnell, M.D., Wilmer Director and William Holland Wilmer Professor of Ophthalmology. “He has been recognized with many awards for his brilliant studies on retinal blood vessel growth in health and disease, including macular degeneration. I know that the honor and support for his work resulting from the Durell Professorship has even greater significance for him.”

Dr. Lutty received his B.S. degree in zoology and his M.S. in microbiology from the Catholic University of America in Washington, DC. He received his Ph.D. from the Biochemistry, Cellular, and Molecular Biology Program at Johns Hopkins University School of Medicine in 1992.

“This endowment allows me to explore unique therapies used for age-related macular degeneration and other diseases involving nanoparticle delivery of therapeutic genes to retinal pigment epithelial cells, the cells at the center of macular degeneration,” explains Dr. Lutty. “It is often difficult to acquire NIH funding for these novel concepts, which may provide exciting therapies in the future. This endowment provides a constant form of support, which gives continuity to research efforts that federal grants do not provide.”

Dr. Lutty’s interest in the retinopathy of prematurity (ROP) spurred him to try to understand mechanisms by
which the retinal and choroidal vasculatures develop and how this development is affected by high oxygen, which occurs in ROP. In recent years, he has elaborated the unique ways in which these vasculatures develop in animals and man. In cell cultures, he has isolated precursor cells that are involved in vascular development and hopes to use these precursors to deliver therapies for ROP. He has also focused on the ischemic retinopathies like sickle cell and diabetic retinopathy.

His recent investigations have demonstrated differences in sequential degeneration of the choroidal vasculature and retinal pigment epithelial cells in different forms of AMD. This work suggests that wet and dry AMD have distinctly different etiologies or causes.

Dr. Lutty has published more than 90 peer-reviewed articles and many chapters on sickle cell retinopathy, diabetic choroidopathy, AMD, ROP, retinal vascular development, and nanoparticles for gene therapy. He is a member of the editorial boards of Experimental Eye Research and Microvascular Research and reviews manuscripts for every major ophthalmic journal. He has been previously honored by the American Heart Association, Research to Prevent Blindness Foundation and the Macula Society.
A Global Approach to Treating Angle Closure Glaucoma

Angle closure glaucoma (ACG) is one of the leading causes of blindness, and David S. Friedman, M.D., has traveled the world in the search for better ways to identify and treat the disease.

Dr. Friedman, an associate professor at Wilmer and in the Department of International Health at Johns Hopkins Bloomberg School of Public Health, brings the perfect combination of education and experience to his global research. He received his bachelor’s degree in East Asian studies from Yale University, his M.D. from Harvard University Medical School, a Master of Public Health from the Johns Hopkins University School of Hygiene and Public Health, and his Ph.D. from the Department of Epidemiology at the Johns Hopkins School of Medicine. As if that is not enough, he is fluent in Mandarin and conversant in Spanish and Indonesian.

**Dr. Friedman estimates that ultimately 1.5 billion people will benefit from the research.**

“There is good evidence that ACG can be detected in its early stage and lasers can be used to treat it prophylactically, but we are not sure which patients are at greatest risk,” says Dr. Friedman. Recent research in China and India found that close to two percent of individuals over the age of 40 have ACG, and over 10% may benefit from laser treatments. “Given that almost half of the world’s population lives in China and India, millions of individuals are at risk of developing ACG and may benefit from better screening strategies to identify them before glaucoma develops,” says Dr. Friedman.

The decision to treat patients by performing a laser peripheral iridotomy (LPI) is often highly subjective and managing asymptomatic individuals poses a major public health problem if screening programs are to be undertaken in the developing world. “If LPI has any unrecognized side effects, for example, if it increases the rate of cataract formation, then widespread screening and LPI treatment may cause more harm than good. This is especially true in developing countries where surgical services to treat cataract are not universally available,” says Dr. Friedman.

Dr. Friedman’s research will help identify factors that predict who is at greatest risk of developing either acute or chronic angle closure and, ultimately, significant loss of vision. Once such factors are identified, more appropriate screening and treatment recommendations can be made so that resources and treatments are appropriately allocated.

His work has recently been rewarded support from the Morton F. Goldberg, M.D., Director’s Discovery Fund. The fund, created in 2003 by the friends and colleagues of Wilmer’s former director, enables the current director to provide critical funding to a select number of research projects with the greatest promise for pioneering breakthroughs.

“Dr. Friedman studies the prevalence and prevention of glaucoma in this country and abroad from three
distinct yet related disciplines: ophthalmology, epidemiology, and public health,” says Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology. “Building on his multidisciplinary perspective, he has assembled one of the world’s most impressive group of researchers in this area. Their work holds great promise for the development of preventive therapies, particularly for angle closure glaucoma, and we are happy to support Dr. Friedman’s efforts with this award.”

“Conducting research overseas is difficult,” says Dr. Friedman. “There are not that many agencies that provide the needed resources, yet some of our biggest eye care problems are in developing countries. It is tremendously helpful to have seed money to support ongoing and new research.”

Dr. Friedman has participated in studies in China and other parts of Asia in collaboration with world leaders in angle closure glaucoma research. “In order to understand the risks and benefits of prophylactic treatment, we plan to laser one eye of individuals participating in our study. This way we can determine if certain ocular characteristics measured at baseline are important predictors of outcomes.” explains Dr. Friedman, who is looking to screen an additional 10,000 patients in China so that he can enroll 1,000 in a prospective study. This seminal research will guide the treatment of angle closure patients throughout the world.

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**Morton F. Goldberg, M.D., Director’s Discovery Fund Contributors**

To date, leading contributors to the Morton F. Goldberg, M.D. Director’s Discovery Fund have committed more than $2.51 million toward a goal of $3 million. As of 06/01/2007, commitments of $5,000 and greater include:

**$500,000 and above**
- Abraham* and Virginia Weiss

**$250,000 to $499,999**
- Ms. Helen E. Day*
- Mr. and Mrs. William T. Young, Sr.*

**$100,000 to $249,999**
- Alcon Foundation, Inc.
- Anonymous
- Paula and William Bell
- Mr.* and Mrs. Leonard L. Greif, Jr.
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- Peter and Marilyn Parapiglia
- Rose Parapiglia

**$50,000 to $99,999**
- Patricia and David Bernstein
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- Paula Brooks and Robert Cook
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- Mr. and Mrs. Charles Krasne
- Mr.* and Mrs. Donald Levinson
- Mr. and Mrs.* Leonard Newman

**$25,000 to $49,999**
- Fred Brown
- Michael Elman, M.D.
- Dr. and Mrs. James Gills, Jr.
- Mr. and Mrs. Robert Katz
- Beatrice C. Mayer Fund
- Dr. and Mrs. Albert T. Milauskas
- Dr. Arnall and Ellen Patz
- Norman Raab Foundation
- Maureen A. and Albert T. Robinson

**$10,000 to $24,999**
- Anonymous
- Edmund F. and Virginia B. Ball Foundation
- George and Dolores Eccles Foundation
- The Fuinger Foundation, Inc.
- The Hultquist Foundation
- Arlene S. and Robert P. Kogod
- Alicia and Robert Kunisch, Sr.
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- Robert H. Smith Family Foundation
- Ralph Terkowitz
- Jennifer S. and William J. Wood, M.D.

**$5,000 to $9,999**
- William Finglass
- James H. Gray, M.D., P.A.
- Susan B. and Sanford D. Greenberg, Ph.D.
- Laurette L. Hanks
- Mr. and Mrs. Raymond Kwok
- Harriet and Jeffrey Legum
- Drs. Peter J. and Jan M. McDonnell
- Mrs. Robert H. Nixon
- Ralph O’Connor
- T. Boone Pickens
- Mr. and Mrs. Emanuel Shemin
- Stephanie and Marshall Wishnack

*deceased
Multiple District 22 Lions Clubs Reach $4 Million Endowment Goal

The Lions Clubs have fulfilled a promise made more than two decades ago.

This spring, Multiple District 22 Lions Vision Research Foundation, Inc., which represents some 8,000 members of Lions Clubs throughout Maryland, Delaware, and Washington, D.C., reached its $4 million goal to fund the Lions Vision Research and Rehabilitation Center at the Wilmer Eye Institute.

Low vision, a collective term for vision loss that cannot be reversed with medication or surgery, is one of the major areas of research at Wilmer and a major philanthropic interest for the Lions Clubs. “In the United States, the number of Americans with low vision exceeds 3.5 million and is projected to double by 2030,” explains Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology. “Clearly, this is a tremendous public health problem. We are thrilled that the Lions have decided to make sure the researchers in low vision at Wilmer have the funding to pursue the best ideas on how to improve care for these individuals and enable them to remain productive, happy, and contributing citizens.”

The Lions Clubs effort with Wilmer began when Arnall Patz, M.D., director emeritus of Wilmer, formalized the relationship between the two organizations. “Dr. Patz encouraged us to get involved in the mid 1980s,” explains John J. Shwed, general chairman of the Vision 2000 Campaign since 1998. “Dr. Patz personally met Helen Keller and was aware of the challenge that she put before the Lions Clubs. He stirred the pot and pulled the Lions in this region together.”

Dr. Patz met Helen Keller in 1965 when he received the coveted Albert Lasker Medical Research Award, sometimes dubbed the “American Nobel,” for proving the link between exposure to high levels of oxygen and blindness in infants and effectively ending the problem by suggesting ways to shield infants’ eyes during oxygen therapy. The vision of countless infants was saved.

“Mrs. Lasker invited Helen Keller to make a presentation, after which Helen Keller suggested that I contact the Lions Clubs because the group focuses its efforts on people with visual impairment and those who help them. It was Helen Keller who directed me to the Lions and to the district serving my own state,” relates Dr. Patz.

“When you think about what the Lions Clubs have achieved, it is monumental,” he says. “With this endowment to the Low Vision Center, we are exploring new ways to improve treatment and rehabilitation measures. The support generated by the pioneering efforts of the Lions is overwhelming.”

The Lions Clubs have a longstanding commitment to improving vision. “In 1925, Helen Keller challenged the Lions to be knights of the blind to fight against darkness,” explains Ted Reiver, 2006-2007 chairman of the Lions Vision Research Foundation, Inc. He de-
scribes the efforts in the area of vision as “the holy grail for the Lions Clubs. The completion of this endowment means lots of Christmas tree sales and spaghetti dinners to raise $4 million for the endowment and additional funds to cover current expenses each year.” Reiver notes that the average Lions’ fund raising event yields $300 to $400; “that tells you how many events were held.”

Today, Dr. McDonnell notes, “There is no other ophthalmology department in the world with a Low Vision Center that is endowed to this magnitude with the resulting excellence. This has been a long-term labor of love for the Lions.”

Morton F. Goldberg, M.D., the former director of Wilmer, attests to the dedication of the Lions Clubs in meeting their fund raising goal. “They have shown extraordinary perseverance in fulfilling their pledge and their prediction to make the endowment a reality. The Lions Clubs members are very generous people; they are fabulous citizens with an incredible generosity of spirit.”

Clement F. Kusiak, 2004-2005 Lions Clubs International president and 2005-2006 chair of the Lions Vision International Foundation, affirms that District 22 has been a trailblazer in its efforts to start the Low Vision Center. “Our relationship with Johns Hopkins and with Wilmer has served as a model for many other low vision centers around the world.”

Research supported totally or in part by the Lions Clubs has led to solutions for patients suffering from eye diseases such as macular degeneration, diabetic retinopathy, and glaucoma.

The series of projects include:

- **Model Diabetic Vision Rehabilitation Program**, a needs assessment of diabetic low vision patients and an adapted diabetes self-care program to supplement diabetes education for visually impaired patients.

- **Low Vision Rehabilitation in the U.S. Healthcare System**, a clinical model currently used at Wilmer for low vision evaluation and rehabilitation that has led to the standardization of low vision practice nationwide and Medicare coverage for low vision services.

- **Lions Low Vision Public Education**, in conjunction with the National Federation of the Blind, creates public education materials about low vision and blindness and trains Lions volunteers to lead information sessions in their communities.

- **Contributions of Co-morbidities to Disabilities from Low Vision**, an assessment of the proportion of low vision patients who have physical and mental health problems in addition to low vision and how physical and mental health combine with low vision to worsen the level of disability.

- **Preliminary Studies of Prosthetic Vision**, the design of systems that create visual sensations in the blind by electrically stimulating the retina or visual part of the brain with implanted electrodes (e.g., “retinal chip”).

- **Clinical Program for the Low Vision Enhancement System (LVES)**, a model comprehensive, low vision rehabilitation program centered on patient evaluation and training for LVES (which was developed in the Lions Vision Research Center). The project also included training low vision rehabilitation professionals to implement the comprehensive program.

- **Issues in Low Vision Rehabilitation: Service Delivery, Policy, and Funding**, a symposium on low vision rehabilitation practice standards and Medicare funding that resulted in a multi-authored book based on the symposium that was published by the American Federation for the Blind Press.

- **Low Vision Rehabilitation Online Network**, a collaborative clinical research project involving over 1,400 low vision rehabilitation professionals.
W. Richard Green, M.D.
Professorship Inaugurated

Richard D. Semba, M.D., M.P.H., has been named the inaugural recipient of the W. Richard Green, M.D. Professorship. Throughout his career, Dr. Semba has studied nutritional blindness caused by vitamin A deficiency, the leading cause of sight loss among children worldwide.

“Dr. Green has been an inspiration to me; he possesses an encyclopedic knowledge,” says Dr. Semba. “This professorship will allow me the freedom to pursue the study of blinding diseases in childhood and will allow greater time in the lab for bench research.”

Dr. Semba has studied strategies to combat the underlying factors that place children at risk for nutritional blindness, including lack of immunizations, poor sanitation and hygiene, infectious diseases, low level of maternal education, poor dietary quality, and limited access to programs that provide vitamin A capsules. Dr. Semba previously received a Lew R. Wasserman Merit Award from Research to Prevent Blindness in 2006. “The prevention of nutritional blindness requires a different model for the ophthalmologist,” says Dr. Semba. “The specialist cannot just wait in an eye clinic for a child to come through the door with blinding eye disease. It is too little and too late.”

Dr. Semba received his M.A. in Latin American Studies and his M.D. from Stanford University. During medical school, while he did his ophthalmic residency at Wilmer, he conducted research on onchocerciasis (river blindness) in Venezuela, Mexico, and Liberia. He joined the Wilmer faculty in 1987 and became assistant professor in 1991, associate professor in 1997, and professor in 2006.

“In his humble, quiet way, Dr. Semba has made significant contributions to the field. He has a remarkable research track record and he is in the top five percent of National Institute of Health-funded scientists,” says Peter J. McDonnell, M.D., Wilmer’s Director and William Holland Wilmer Professor of Ophthalmology.

Dr. Semba is now looking at how inflammation affects more common eye conditions such as macular degeneration and cataracts in two diverse populations: a group of older women in Baltimore and a group of older men and women in Italy.

The professorship is named for William Richard Green, M.D., who is recognized internationally as one of the world’s foremost ophthalmic pathologists. “Dr. Green is known for using pathology to train ophthalmologists to better understand how the eye works,” says Dr. McDonnell. “One of his major legacies is shaping the careers of future ophthalmologists. Just look at the list of contributors to his endowment and the professorship. The vast majority are future trainees, who not only speak well of him, but actively support him.”

“I want to thank all the friends and colleagues whose contributions made the professorship possible. With this support behind him, I wish Dr. Semba continued success in his studies of tropical diseases in the field and laboratory,” says Dr. Green, who has been a stalwart supporter of Wilmer throughout his career.

Dr. Green received his medical degree from the Uni-
The University of Louisville School of Medicine, completed an internship in internal medicine at the New England Medical Center of Tufts University in Boston, and took postgraduate courses in ophthalmology at Harvard University, the Howe Laboratory, and the Retina Foundation in Boston. Following a two-year residency at the Wills Eye Hospital in Philadelphia, he joined Johns Hopkins in 1968 as an assistant professor of ophthalmology and pathology. In 1977, Dr. Green became professor of ophthalmology and in 1993 was named professor of pathology. From 1989 - 2006 he was the International Order of Odd Fellows Professor of Ophthalmology.

His career has included more than 700 publications, board certification in both ophthalmology and pathology, and the presidency of the American Ophthalmologic Society and the American Association of Ophthalmic Pathologists. He has received more than 25 national awards, including the “Greatest Living Ophthalmologist Millennium Award” (1999), an award for the best book in clinical medicine for 1999, the Arnall Patz Medal from the Macula Society (2000), the Alcon Research Institute Award (2001), the Life Achievement Award of the American Academy of Ophthalmology (2001) and the guest of honor award, and a tribute from the Retina Society (2004). He was honored with a tribute in RETINA, The Journal of Retinal and Vitreous Diseases in its July/August 2005 issue.

At Johns Hopkins, he has been recognized and honored by the L. Harrell Pierce Wilmer Resident Teaching Award (1985), the L. Harrell Pierce and R.G. Michels Wilmer Teaching Award (1991), the Excellence in Teaching Award by The Johns Hopkins University Alumni Association (1996), the perpetual designation of his laboratory as the “W. Richard Green Eye Pathology Laboratory” (1997), and the inception of the “W. Richard Green Housestaff Teaching Award (2000).
James P. Gills, M.D., was recently honored by Johns Hopkins University with two of its highest awards. Dr. Gills was named a 2007 Distinguished Medical Alumnus and was inducted into the University’s Society of Scholars.

“It is wonderful to get confirmation of your achievements from an institution as great as Johns Hopkins and Wilmer,” says Dr. Gills. “I am honored to part of the Wilmer family.”

The Distinguished Alumnus Award honors alumni who typify the Johns Hopkins tradition of excellence and bring credit to the University through their personal accomplishments, professional achievement, or humanitarian service. The Society of Scholars was created in 1967 to honor the accomplishments of men and women who spent part of their careers at Johns Hopkins. The society — the first of its kind in the nation — inducts former postdoctoral fellows and former junior or visiting faculty at Johns Hopkins who have gained marked distinction in their fields.

“Dr. Gills represents the important role that Wilmer plays in training leaders in the field,” says Peter J. McDonnell, M.D., Wilmer Director and William Holland Wilmer Professor of Ophthalmology. “He is both a successful businessman and surgical innovator whose surgical experience is second to none. We are thrilled that he is being honored for his excellence as a physician and a teacher.”

Dr. Gills received his medical degree from Duke University Medical Center and served his ophthalmology residency at Wilmer Eye Institute from 1962 to 1965. He founded the St. Luke’s Cataract and Laser Institute in Tarpon Springs, Florida. In 1974, Dr. Gills became the first eye surgeon in the United States to dedicate his practice to cataract treatment through the use of intraocular lens implants and has since performed more cataract and lens implant surgeries than any other eye surgeon in the world.

In establishing his practice, Dr. Gills says, “I looked at what could benefit patients most and concentrated on improving the quality of life for patients with cataracts.” His interest in raising the standard of care for ophthalmic patients has led to advances such as improved intraocular lens power accuracy, refinements of incision techniques, and piggyback intraocular lenses. Dr. Gills introduced many formulations for intraocular antibiotics and promoted the use of lidocaine intraocularly for cataract surgery, which he describes as one of his most significant achievements — one that has revolutionized the way the procedure is performed today.
Dr. Gills is recognized not only for his medical skills, but as a successful business owner. He is president of a variety of companies, including the World Triathlon Corporation (Ironman). He is an avid athlete and competed in 46 marathons, 30 triathlons, five Ironman races, six Double Irons, and four 2,000-mile races.

He has published more than 190 medical articles and authored or co-authored 14 books on ophthalmology. He has also written 18 books on Christian living, with more than six million books in print. His philanthropic work in more than 70 ministries and organizations led to his receipt of the Duke University 2005 Humanitarian Award and the 2002 William Carey Award for Extraordinary Leadership and Service in World Missions from Trinity College.

Dr. Gills, who serves on the Wilmer Advisory Council, recently made a leadership gift of $5 million to Wilmer to support the Institute’s new Robert H. and Clarice Smith Building and Maurice Bendann Surgical Pavilion. “We are grateful that Dr. Gills has chosen to support Wilmer’s mission with his incredibly generous philanthropy. His supporting gift will allow our scientists and clinicians to have the best possible space to work together in to develop cures and treat patients,” adds Dr. McDonnell. Dr. Gills previously funded the James P. Gills Professorship in Ophthalmology and made the lead commitment for the endowment of the Frank B. Walsh Professorship in Neuro-ophthalmology.

Dr. Patz Receives Heritage Award

Arnall Patz, M.D, Director Emeritus of the Wilmer Eye Institute, received the Johns Hopkins University Heritage Award this spring. The award honors alumni and friends of Johns Hopkins who have contributed outstanding service over an extended period to the progress of the university or the achievement of the alumni association. This recognition is just the latest in a series of honors bestowed upon Dr. Patz for his groundbreaking research and his exemplary leadership in the field.

“I have spent 53 years of my professional career at Hopkins,” notes Dr. Patz, who is still active on the Wilmer faculty. “This honor is for long-standing contributions, and I am happy to have been affiliated with Hopkins and the Wilmer Eye Institute for so many years.” The award was presented to Dr. Patz by Johns Hopkins University President William R. Brody, M.D., Ph.D. and Edward D. Miller, M.D., Chief Executive Officer of Johns Hopkins Medicine.

Dr. Patz has also been honored by his alma mater, Emory University, with the creation of the Arnall Patz, M.D. Lifetime Achievement Award by the Emory School of Medicine. The award will be inaugurated this fall with a presentation to Dr. Patz during Emory’s Medical Alumni Weekend. The distinction honors Emory University alumni who display extraordinary leadership and accomplishment in the field of medicine at the national and international level. Dr. Patz was celebrated for his dedicated efforts in reducing the incidence of Retinopathy of Prematurity. “Emory University was the foundation of my medical career, and it is a privilege to be honored with this important award,” Dr. Patz says.
Wilmer Cares for the Underserved

“Justice delayed is justice denied”

William Gladstone, British Statesman and Prime Minister (1868-1894)

People often ask me “what are you most proud of about Wilmer?” Commonly, the answer is not on the tip of my tongue, because I have to think about the many aspects of Wilmer’s mission, the many wonderful people who work here and the many wonderful things they do. Is it the excellent standard of medical care to which our physicians, nurses, technical and support staff aspire daily? Is it the exciting discoveries achieved in our laboratories on the medical school campus or in the large populations of patients being treated and studied in African villages or in rural China? Is it the stellar young medical students and residents that we train, and who will go on to become tomorrow’s leaders in medicine and the field of ophthalmology? All these things are important, all of them are meritorious and all of them cause me to feel proud of being part of Wilmer. So it is sometimes hard to quickly answer this question, or to write a letter like this and focus on one particular aspect of Wilmer.

But for this issue of SightLine I knew what I wanted to emphasize, and that is the great work of our house officers and faculty in caring for the poor of East Baltimore and Maryland. As those of us who trained at Wilmer understand, one of our key privileges and responsibilities is to care for the indigent around us. To serve these individuals, we maintain a dedicated eye emergency room, open 24 hours a day, 7 days a week, 365 days a year (366 on leap years). We are the only designated Eye Trauma Center in the state of Maryland, and provide this service for citizens of adjoining states who suffer eye injuries and need our expertise. Our General Eye Service (GES) in the basement of Wilmer provides non-emergent eye care for our community as well.

The main point is that Wilmer provides timely access to excellent eye care for those who need it.

To paraphrase Mr. Gladstone, however, I strongly believe that “Eye care delayed is eye care denied”. Some eye diseases, if not diagnosed and treated promptly, will lead to irreversible vision loss. How can a patient, not having pain, know if his or her visual symptoms demand prompt attention, or if they can safely wait for months for an appointment to become available?

That is why I am so proud of our house officers. Recently, under the superb leadership of our Assistant Chief of Service, Dan Garibaldi, M.D., a practice consultant recommended by Wilmer alumnus James P. Gills, Jr., M.D. and our house officers reengineered how we run our GES. The results include the following:

1. a reduction in the wait for a non-urgent appointment from three months to two days
2. a reduction in the wait time for patients to be registered from 20 minutes to 5 minutes
3. a 40% reduction in “no shows”, where a scheduled patient forgets or otherwise fails to keep his/her appointment
4. a dramatic increase in the satisfaction of the patients in the GES.

What about our Eye Emergency Room? We monitor the waits of our level 1 trauma victims with urgent problems, and can document that they begin receiving care within minutes of arrival.

All of this is expensive, of course. More than half of our eye trauma victims have no insurance whatsoever, and we typically receive no compensation for their care.
whatsoever. The percentage of indigent patients seen in our GES is twice that in any of our other clinics. A substantial portion of our endowment is dedicated to support the costs of surgery for those who cannot pay, but as the number of uninsured (and in particular uninsured children) increases, those funds increasingly prove inadequate. But the main point is that Wilmer provides timely access to excellent eye care for those who need it.

Recently, a prominent department of ophthalmology in Canada sent me an annual report. The report listed all the measures used by that department to monitor itself. One achievement highlighted by the department was that the wait time for an appointment achieved in the department was slightly better than the expected wait of seven months! That department’s leadership was proud that its patients waited only about six months and two weeks for an appointment; my reaction was shock.

It is a great honor to serve the patients who come to Wilmer, be they rich or poor. It is a particular source of pride to me to be able to demonstrate that Wilmer cares for our patients in such a timely manner. At Wilmer, care is not denied because care is not delayed.

Peter J. McDonnell, M.D.
William Holland Wilmer Professor and Director

William C. Owens, Sr., M.D.

William Councilman Owens, Sr. ‘42 (Wilmer Chief Resident 1945-47; Faculty, Ophthalmology, 1947-53) died in San Antonio, Texas on June 20, 2006. He was a Fellow and Honor Award Recipient of the American Academy of Ophthalmology, Diplomat and Examiner of the American Board of Ophthalmology, and Fellow of the American Ophthalmological Society as well as of the American College of Surgeons. He published in pediatric ophthalmology, cataract surgery, ocular motility surgery, and depth perception and binocular vision.

At Wilmer he and his wife, Ella Uhler Owens, ‘38, discovered that retinal blindness of premature infants (ROP) was acquired disease, not congenital as once thought. Their findings sparked worldwide research, including Arnall Patz’s, revealing that careful control conditions in premature infants’ incubators would largely prevent this dread disease. Before the Owens team’s research, ROP was the chief cause of blindness in all children; today it is quite rare.
Peter Campochiaro, M.D., has received a senior scientist award from Research to Prevent Blindness to support his work on retinitis pigmentosa (RP).

“Research to Prevent Blindness is extremely pleased to have granted this award to Dr. Campochiaro,” says James V. Romano, chief operating officer of Research to Prevent Blindness. “His exceptional productivity, commitment to research, and strong track record of innovation and collaboration give us every indication that he will turn our investment into findings that ultimately serve patients suffering from retinal pathologies.”

Dr. Campochiaro received his M.D. from The Johns Hopkins School of Medicine. He served his residency in ophthalmology at the University of Virginia and later served a fellowship in retinal diseases and surgery at Wilmer. He joined the Wilmer faculty in 1991 as professor of ophthalmology and neuroscience and the Director of Vitreoretinal Surgery. He currently holds the George S. and Dolores Dore Eccles Endowed Professorship.

Dr. Campochiaro’s research has led to major discoveries in treating retinal conditions. His research group helped determine that the damaging blood vessel growth in the retina that causes macular degeneration is promoted by a certain protein, vascular endothelial growth factor (VEGF). A subsequent clinical trial has demonstrated that blocking VEGF with an antibody called Lucentis stops the abnormal blood vessel growth. Currently, Dr. Campochiaro is concentrating his research efforts on developing additional treatments for abnormal blood vessel growth in the eye and on the role of oxidative stress in RP.

As cells use oxygen to produce the molecules that we require for breathing, they also generate reactive oxygen species or free radicals. Many disease processes begin when free radicals swamp the defense mechanisms of cells, causing self-destruct responses and cell death. Several years ago, Dr. Campochiaro began to suspect that one of the features of RP, a thinning of blood vessels in the retina, stemmed from an overabundance of oxygen. By placing mice in an incubator and flooding it with excess oxygen, he determined that his hypothesis was correct — oxygen was reducing levels of VEGF in the retina causing reduction in blood vessels. He also discovered that the high levels of oxygen were killing photoreceptors in the retina, indicating that photoreceptor cells are highly susceptible to oxidative damage. In a genetically engineered pig model of RP, Dr. Campochiaro demonstrated that after rods die, cone photoreceptors undergo progressive oxidative damage.

To determine if the progressive oxidative damage to cones was responsible for their death in RP, Dr. Campochiaro and one of his research fellows, Keiichi Komeima, M.D., Ph.D., tested an antioxidant cocktail in a mouse model of RP. They found that the antioxidants, which protect against oxidative damage, substantially reduced cone cell death proving that oxidative damage plays a major role. Since cone cell death is what leads to blindness in RP, development of effective antioxidant treatments could provide major benefits to patients.

“I am gratified to receive this recognition because it represents much-needed unrestricted funding,” says Dr. Campochiaro. “The award from Research to Prevent Blindness helps to support new initiatives and fill in gaps from other sources as we continue this important work.”
Wilmer Rated Best Program 11th Year in a Row

Ophthalmology Times Best Programs Survey has again awarded Wilmer the Best Overall Program, as well as Best Research Program. Wilmer Director Peter McDonnell accepted the award during the 2006 American Academy of Ophthalmology reception for Wilmer alumni. The memorable event was hosted by Wilmer Advisory Council members Robert and Maureen Feduniak and was held in their beautiful suburban Las Vegas home and gardens.

AAO Alumni Reception

NEW ORLEANS
November 10, 2007
6:00 - 8:00 p.m
Galatoire’s Restaurant • 209 Bourbon Street

Mark Dlugoss, Peter McDonnell, M.D., Sheryl Stevenson, Robert Feduniak, Maureen Feduniak.

Academic Offerings
Continuing Medical Education and Lectures Sponsored by the Wilmer Eye Institute

Ophthalmology Faculty Lecture Series
Monday through Friday, 7:30 - 9:30 a.m.
Patz Lecture Hall, Wilmer Eye Institute
The Johns Hopkins University School of Medicine
Open to Health Care Professionals

Friday Afternoon Research Meeting
Each Friday, 4:30 - 6:30 p.m.
Patz Lecture Hall, Wilmer Eye Institute
The Johns Hopkins University School of Medicine
Call 410-502-3434 to confirm dates

VISX Excimer Laser Certification Course
July 14, 7:30 a.m. - 3:00 p.m.
Johns Hopkins at Greenspring Station
Call 410-583-2823 for reservations

Free Laser Vision Seminars
Various dates in 2007
Johns Hopkins at Greenspring Station and at White Marsh
Call 410-583-2823 for information

Current Concepts in Ophthalmology
December 6 - 8, Baltimore, Maryland
March 9 - 14, Vail, Colorado
### MISSION STATEMENT

The mission of the Wilmer Eye Institute is to contribute to ophthalmic knowledge and reduce suffering from blindness and vision loss at home and around the world, through leadership and excellence in research, education, and patient care.

### Wilmer Services and Locations

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