SEVA CANADA SOCIETY

ANNUAL REPORT

JULY 1, 2006 - JUNE 30, 2007

Since 1982, Seva Canada has helped communities in some of the poorest areas of the world develop their own capacity to deliver affordable eye care services. Seva Canada's partners in Nepal, Tibet, India and Tanzania provide eye care programs, centred on cataract surgery, but including all other eye diseases, as well as refraction services for glasses.

Seva (say-va) is Sanskrit for service. Seva has helped to create sustainable, economically viable, locally managed eye care programs that will continue to serve local populations long after Seva's involvement is complete.

MISSION STATEMENT

Through compassion in action, Seva Canada seeks to create a better world by volunteer and professional programs designed to alleviate human suffering – particularly through preventable blindness.

OUR FOCUS

Our focus is to establish and expand Seva's sustainable eye care programs with partners in developing countries. We strive to inform Canadians of our work and to inspire them to join us, thereby increasing our overall impact on global blindness.

CORE VALUES

We are guided by:

- Respect for cultural, ethnic, spiritual and other forms of diversity.
- Commitment to working with partners in a compassionate way to achieve appropriate goals.
- Belief that with adequate resources, all people can meet their own needs.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear Donors, Supporters and Champions of Seva,

The past year, Seva's 25th, has been a remarkable one both for Seva here in Canada and for our partners overseas.

Some of those accomplishments are described in this Annual Report in the letter from the Chairman of the Board, the description of field activities and the efforts of our dedicated donors and volunteers.

In this letter, I want to share with you some policies and benchmarks that Seva has implemented that will ensure the organization's continued financial success. As our donor, it is reasonable that you would demand that Seva ensure its own sustainability as we continue to develop the sustainability of our partners and partner institutions.

We received a significant bequest from a long-time Seva donor and supporter who was, tragically, killed in Afghanistan. While a large portion of those funds will be spent in the field, enough has been held back to cover all of Seva's operational expenses and financial obligations to our partners for six months. Just in case.

In addition, a new Board policy mandates that Seva generate an income surplus of a minimum of 5% every year. This means that no matter how much money we send overseas, we need to earn 5% more. Policies like this ensure reasonable growth and monitored expenditures.

Finally, we are closely scrutinizing our administrative rate which calculates the proportion of revenue that is spent on administration and fundraising. There are no rules on how this percentage is calculated and each organization does it differently. Seva Canada has chosen a formula that we believe is realistic and honest. Our administrative rate, as calculated by our audited financial statements, is 17.75% for 2006/2007.

As a donor, you have every right to review Seva's fiscal responsibility and I am happy to answer any and all questions you may have.

Many, many thanks for your continued support of Seva Canada and our partners overseas.

Yours very truly,

Penny Lyons, Executive Director

MESSAGE FROM THE CHAIR

I am very pleased to report to all our supporters and stakeholders that Seva Canada has had an excellent year. Under the capable leadership of Penny Lyons, we continue to grow our ability to support our overseas partners both financially and by providing technical support.

In the past year we have renewed, for a minimum of 3 years and a possible extension to 5 years, our funding agreement with CIDA, the Canadian International Development Agency. Seva Canada's partnership with CIDA goes back over 20 years and we are the beneficiaries of "program funding" which provides us with much greater predictability and security.

Not only are we grateful for this renewal but CIDA also approved an increase in funding of $40,000 per annum, with this entire increase earmarked for our excellent partner, the Kilimanjaro Centre for Community Ophthalmology in Tanzania. This significant increase will support KCCO's aggressive effort to extend training and other services to new partners throughout Africa.

We have also, through tragedy, become the beneficiaries of a large legacy gift from Mike Frastacky. Some of you may remember Mike, a long-term supporter of Seva, as a dedicated, hands-on volunteer on a number of initiatives. Mike became passionate about providing support to an area of Afghanistan he had learnt to appreciate. He donated financially and through his construction skills to build a school in a remote village. Tragically, Mike was murdered in Afghanistan, and left Seva Canada an important legacy in his will.

Mike's generosity has allowed Seva Canada to ensure its stability for the long term and to significantly increase our support to our overseas partners. Over the next 2 years we will be providing an additional $130,000 for special program funding to build capacity and serve more and more patients in need of help. Mike will be missed and it is our responsibility to honour him by making the best use of this generous gift.

As always, the core of our support comes from hundreds of donors and advocates that have supported our efforts over so many years. Again this past year, we registered a significant increase in donations. Nothing would be possible without

this continued support and we are very grateful (and so are our overseas partners) you find it in your hearts to trust us year after year.

This will be last formal communication to all of you as Chair of the Board. After 5 years, I felt it was time to hand the reigns over to someone else and we are very fortunate that, David Hardouin, our Treasurer has chosen to take over. David has been on the Board for several years and has visited many overseas programs. Seva will continue to be in good hands!

Michel Maurer
Chair of the Board

PROGRAM HIGHLIGHTS FROM THE EXECUTIVE DIRECTOR

This past fiscal year saw the completion of a three-year funding program with the Canadian International Development Agency (CIDA) and the start of a new three-year program that may be increased to five years. CIDA funding strengthens strategic planning because base funding is guaranteed for at least three years.

It takes time to build capacity and create sustainable programs and the following program highlights show that our donor's and CIDA's faith was not misplaced.

SEVA'S PROGRAM GOALS AND OBJECTIVES

The primary focus of Seva's programs is to strengthen eye care programs through support of community ophthalmology, both in individual countries and through a network among countries. Community ophthalmology programs are the bridge between hospitals and the people they serve. Inherent to this program of activities is strengthening our partner's ability to evaluate their eye care needs and to measure access to eye care services, particularly by women and children.

A secondary focus, within hospitals as opposed to the community, is to ensure excellent quality within existing eye care services, particularly cataract surgery. As a result, Seva's partners are provided with continuous training opportunities as well as the tools to evaluate their own programs and the services they provide.

Seva supports eye care services and their evaluation in relation to need. Our goal is not simply to evaluate services and their delivery in each country, but rather to help create eye care programs that reflect communities' current and future needs.

All of Seva's programs were, and continue to be, strongly associated with an international movement to develop gender-specific eye care programs.

GENDER AND BLINDNESS

Statistics show that over two-thirds of the world's blind are women, but they are treated less than half as often. Our partner in Tanzania, KCCO, was one of the first to recognize this discrepancy, one of the first to study reasons for the discrepancy and the barriers to accessing services and also the first to create programs to rectify the imbalance and overcome the barriers. Those findings were then translated not only to the rest of Seva Canada and Seva Foundation's partners, but also to every other international eye health care organization. In addition, KCCO, the World Health Organization, the British Columbia Centre for Epidemiology and International Ophthalmology and Seva Canada are jointly publishing a document on KCCO's gender-specific programs. This document will not only suggest solutions to others but will also provide a platform for education and advocacy for the general public.

As a result, all of our partners are separating data by sex to determine each community's needs. With that information they are developing programs, unique to each country, that overcome social, cultural and religious barriers.

SUSTAINABLE PROGRAMS

Seva's goal, in all of its programs, is to create income-generating, self-sustaining, eye care programs. Our country partners have succeeded in creating economic sustainability in the clinical setting by charging affordable patient fees. Revenues generated in the clinical setting have enabled our partner in India, Aravind Eye Care System, and our partner hospital in Nepal, the Lumbini Eye Institute, to become economically self-supporting.

Seva is working toward self-sustainable community ophthalmology services by integrating community-level eye glass sales and fees for treatment of minor eye diseases.

Seva programs in India, Nepal and Tanzania have become largely self-sustaining in terms of personnel. All three are substantial training institutions for clinical, management and community health personnel.

Seva's current three-year program will look much like our last one, and the one before that. We think that is a good thing. It means we have been fortunate enough to have wonderful partners and that our approach is working. It takes time to help our partners create eye care programs that will exist long after the need for Seva's involvement is complete. With your help, we will finish what we started.

NEPAL

Nepal experienced significant political upheavals in 2006 and 2007. Fortunately, throughout this period, Seva maintained an excellent working relationship both with the government and their political opponents.

Seva Canada's focus was to improve community outreach activities, particularly in

the Chitwan and Tansen Districts. Our goal was to integrate eye care services into primary health care at the village level. Seva-supported activities centered on screening and treatment camps. In addition to treating patients, the camps were used to gather and evaluate information to find ways to overcome barriers to utilization of services – particularly for women and children.

Over the past year, the Lumbini Eye Care Program and other Seva partners examined over 200,000 patients and performed 33,000 sight-restoring surgeries. To improve outreach efforts, 780 community health workers were trained in primary eye care basics, and two primary eye care centres were established in remote hilly regions. The school screening program examined 89,778 children.

In Chitwan, community outreach was coordinated through the King Mahendra Memorial Eye Hospital (KMMEH) in Bharatpur, Chitwan. In Tansen, our community outreach occurred in conjunction with both the Lions Lakaul Eye Hospital and the Sherman School of Primary Eye Care Management which supports training of local health care workers at all levels.

Seva's partners in Nepal have gained considerable expertise in conducting baseline population assessments using qualitative and quantitative data. A cataract surgical monitoring and outcome program at the KMMEH in Bharatpur, Chitwan was staffed and equipped during this period. The information gathered was used to evaluate surgical outcomes as well as relate hospital coverage to population needs in the district.

A similar monitoring and evaluation program was initiated in Tansen to evaluate the surgical services offered both in the hospital in Tansen and in the surgical camps held in the surrounding area.

Our Nepal partner has conducted a pilot phase of a multi-national program evaluation, examining the cost-effectiveness of running surgical centres as opposed

to other models of service delivery such as transporting patients to hospitals.

Seva supported the development of Vision Centres that are staffed by ophthalmic assistants and nurses and are designed to provide primary eye care and refractive services with surgical patients referred to a hospital.

During this period Seva Canada supported an ophthalmologist from Lumbini Eye Institute to obtain a Masters Degree in Public Health. In addition, six individuals received orthoptic training at the Nepal Eye Hospital in Kathmandu. Those individuals developed orthoptic units in their respective hospitals.

Within the National Eye Health Education Unit, a number of programs were initiated and successfully completed. Those programs include: training of traditional healers; school eye screening programs; xeropthalmia surveillance; training of female community health volunteers; health education activities and visits to health posts; and communication and supply of eye health education materials.

CHITWAN DISTRICT

- 100 Diagnostic and Treatment Screening Camps in all 36 Village District Committees & Nawal Parasi District.
- 15,000 children in primary school received an eye exam at school.
- 2 new Vision Centres established

TANSEN DISTRICT

- 20 Diagnostic and Treatment Screening Camps in Palpa district
- 300 cataract blind persons received surgery through the Visiting Surgical Services program in the districts of Gulmi and Arghakhachi
- Monthly Visiting Screening Clinics in four regions of Palpa
- 6 Surgical Eye Camps in the districts of Gulmi and Palpa.

IMPROVING EFFICIENCY AND THE QUALITY OF CARE

- 3 strategies compared to increase equity of service delivery: community health volunteers, government health workers, and screening camps.
- Random, population based sample of Lumbini zone (3 million) and Chitwan District (500,000).
- Monthly recorded surgical activity data including surgical outcomes and surgical coverage by age and gender reported to hospital staff & ophthalmologists (across all Seva supported eye institutions in Nepal).
- Computer networking between Lions Lakaul and KMM Eye Hospitals established to improve the medical records system.

TRAINING

- Basic training given to new volunteers; all 38 Village Development Committee zones in the Chitwan District have trained volunteers, and all experienced volunteers receive annual refresher training.
- Lumbini Eye Institute and Lions Lakaul Eye Hospitals sent a candidate to LAICO/ Aravind (South India) for training.
- 100 schools selected from the Chitwan District sent a teacher for a day of training.
- Ophthalmic Assistant trainees in their final year (14 of them) received management training at the Sherman School.
- 140 Traditional healers trained through Seva-supported hospitals.

TANZANIA

We continued to support the Kilimanjaro Centre for Community Ophthalmology (KCCO) in bringing eye care programs to Tanzania, Uganda and Madagascar.

A community ophthalmology model was created for the Kilimanjaro Region of Tanzania that focused on reaching the most vulnerable populations – women and children, rural populations and the very poor. It was, and is, Seva and KCCO's contention that the eradication of preventable and treatable blindness and the creation of sustainable models of eye care required an effective community

ophthalmology model to complement clinical services.

- The cataract surgical rate continues to increase each year starting from 736 in 2003 to approximately 1,500 in 2006.
- Barriers to uptake of services have also been identified — particularly barriers for women. Intensive counseling and educational programs were implemented to help overcome these barriers and the ratio of women accessing services has steadily increased in many districts.
- The successes of the Direct Referral Sites (DRS) and their methodology were documented in a manual for simple translation to other regions and countries to set up similar bridging strategies between hospitals and the communities they serve.
- KCCO implemented a childhood cataract program and research study to help identify the need and improve access to services by families. A "whole child" approach was adopted whereby childhood blindness programs address the entire process — from identifying eye problems in the community, through the surgery, to the required follow up treatment. This program has been successfully implemented in both the Kilimanjaro and Arumeru districts and, as a result, the utilization of surgical services by children has increased steadily over the three-year period.
- A successful DRS program required extensive training of district health management staff which was conducted by KCCO in collaboration with the Ministry of Health. The focus of the training has been on evidenced-based planning for eye care service delivery and proper allocation of resources for the prevention of blindness. Through KCCO's efforts, the Kilimanjaro region was the first region in Tanzania to have a systematic approach for including eye care in district health plans and all districts have now developed a practical plan.

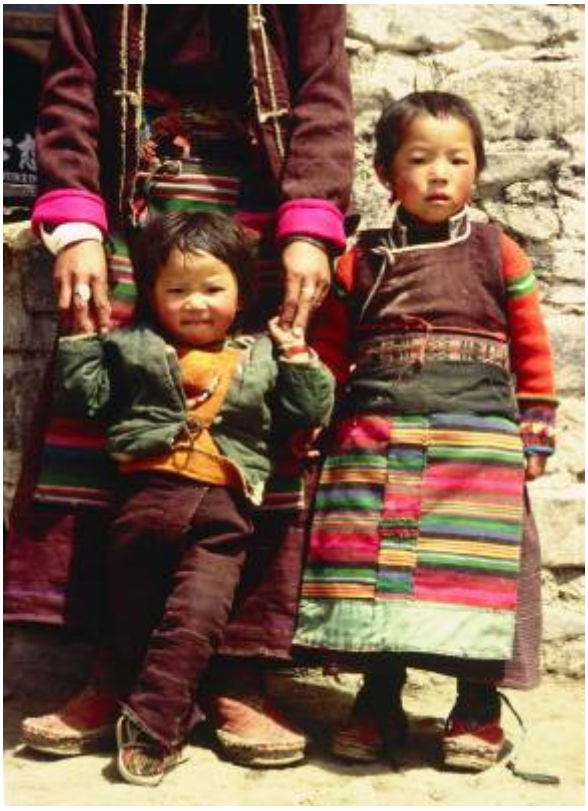
- Seva Canada supported the growth and development of the Ophthalmic Resource Centre of Eastern Africa (ORCEA) based at KCCO. The purpose of this resource centre is to disseminate information to eye care

providers not only in Tanzania but throughout Africa.

- KCCO has also undertaken activities throughout Eastern Africa that have both supplemented and influenced their CIDA-funded programs. Those activities include replicating the DRS model, assisting with VISION 2020 planning, human resource development, cataract surgeon impact assessments and management training for eye care program managers.
- In the past 12 months the DRS program has reached throughout Kilimanjaro Region (and Arumeru district) (2 million) and virtually all residents are now aware of the availability of cataract surgery. At the screening sites (for the period of April 1-Dec 31, 2006) there were 9,321 people examined and treated, 54.6% of whom were women. Among this group, 609 people were recognized with operable cataract (50.7% female) and 457 received surgery (50.5% female). Refractions were provided to 1,820 (54.3%) people (only some of whom actually needed spectacles) and 420 (52.1% women) purchased spectacles. For the period Jan 1-Feb 28, 2007 an additional 2,235 (54.6% female) people were screened and treated (among this group 367 had operable cataract (51.2%) and 188 received cataract surgery. As in previous years, women were more likely to have access to eye care services (whether for examination and treatment, refractive services, or cataract surgery) through the DRS program as compared to people who self-presented at the hospital.
- The DRS program served as the major strategy to identify children in need of cataract surgery from throughout Kilimanjaro Region as well as among the half-million people who live in Arumeru District of neighboring Arusha region. During the one year period starting April 1, 2006, 73 children from this area had cataract surgery (92 surgeries).
- Monitoring is on-going. Field staff follow up with patients not accepting surgery to determine the reason for non-acceptance. Mechanisms to identify those too poor to pay have been strengthened and more patients come in through a waiver system. Nevertheless, cost of surgery is not the primary reason for not accepting surgery. Most non-accepters at DRS have come to the DRS in the

hope that their problem can be solved with either some medicines or spectacles. They are unwilling to have surgery. The most elderly in particular, have been unwilling to accept surgery. However, many people (generally younger) are requesting and paying for surgery before they become blind. Preventing blindness is far more cost effective and desirable than “curing” blindness and this trend should lead to a generational shift in terms of use of eye care services.

TIBET



A standardized record-keeping system was introduced in order to facilitate a comprehensive monitoring and outcome program. Record keeping is essential, particularly in Tibet, where a significant amount of eye care is done outside of the hospital setting in mobile surgical eye camps. Although eye camps include staff dedicated to record keeping, the clinical situation continues to overwhelm their capacity to record all patients examined in the camps. Currently Seva’s focus has been to concentrate on accurately recording pre- and post-operative information for those people who undergo cataract surgery.

The cataract surgery monitoring and evaluation program was expanded to areas outside the Tibet Autonomous Region through the volunteer services of a data management expert from the University of British Columbia. A standardized system of both paper and electronic record keeping was created accompanied by the construction of a database specific to the needs of the Tibet program.

With Seva Canada support, a significant improvement occurred this year with the development of standard training and clinical practice protocols as well as standardization of visual acuity testing methodology across all Seva sites. The protocols established benchmarks for training, in general, and ophthalmologic diagnosis and cataract surgical skills, specifically.

The number of surgical eye camps has increased steadily resulting in increased surgical interventions. Eye camps, while necessary in Tibet due to its unique geography and disbursed population, are not sustainable in the long term. Seva and our partner in Tibet have therefore created a community ophthalmology program whereby three, well equipped and well staffed clinical facilities – one in Lhasa (Western Tibet), one in Chamdo (Central Tibet) and one in Dartsedo (Eastern Tibet) each oversee and service smaller clinical facilities. The ultimate goal is for the outlying clinical facilities to screen patients and then arrange transport to the larger centres so surgical eye camps are no longer necessary. Thus far this has been achieved with limited success.

Seva supported the coordination of eye camp planning in both the Tibet Autonomous Region and Kham as well as provided salary support for program partners to attend the coordination meetings. In addition, Seva supported the salary of a staff member to continue to coordinate the eye care efforts in the Tibet Autonomous Region.

Over the course of this three-year program, extensive training of local Tibetan eye health care workers has occurred. Training has been conducted for community workers including traditional healers and rural health workers, primary and secondary level health care workers, as well as training for ophthalmologists in glaucoma and advanced cataract surgical techniques. Specialists from North America, Europe, Nepal and India have visited Tibet and conducted training. In addition, health care workers from Tibet have traveled to other countries, primarily Seva-sponsored programs in Nepal, to receive additional training.

Here are some of the activities Seva Canada undertook in Tibet in 2006/2007:

- Seva supported six local eye clinics and sponsored 25 eye camps, all conducted by local doctors and health workers. This provided exams for 12,000 people and sight-restoring surgery for 4,425 patients.
- Seva signed an agreement with local partners to establish the Kham Eye Centre, which will become a model eye hospital in Sichuan province.
- Established a Cataract Surgical Coordinating Centre in the Public Health Bureau, Lhasa.
- Seva supported coordination of eye camp planning in TAR & Kham.
- Seva sponsored local partners to participate in eye care meeting and workshops in China.
- Conducted Community Outreach Programs at Menzikhang Hospital, Lhasa and Dartsendo Hospital, Gandze Prefecture.
- Screening camps conducted to provide basic eye care services: Four screening camps in north Tibet : 5,000 students screened, 850 refracted.
- Seva Tibet office has produced 10 series of eye health education materials for the general public.
- Seva constantly strives to improve the quality of care that is delivered by monitoring and assessment of the cataract surgery outcomes to ensure that patients are receiving the best treatment possible.
- Improved record keeping: A standard record keeping system was introduced in order to facilitate a comprehensive monitoring and outcome program.

INDIA

Seva's partners in India, Aravind Eye Care System and the Lions Aravind Institute of Community Ophthalmology (LAICO) have continued to provide the gold standard for eye care globally. The network of five Aravind Eye Hospitals (Madurai established 1976, Theni est. 1985, Tirunelveli est. 1988, Coimbatore est. 1997, and Pondicherry est. 2003) and two Aravind-managed hospitals examined over 2.3 million patients and operated on over 270,000 in the last year.

Seva Canada's CIDA-supported programs have been focused on the Theni District, where Seva supported the creation of a second Vision Centre. The Centres are designed to provide the primary eye care needs, including refractive services, to a targeted rural population of about 50,000 people. The Vision Centre provides eye

care services to both adults and children and has a telemedicine component to enable face-to-face interaction between the doctor and patient.

Public health education and training programs were conducted by the Vision Centre, including eye health education, training school teachers in eye screening, and training community volunteers to link the Vision Centre with the community.

In addition to providing primary eye care, Seva also supported epidemiological surveys: to evaluate community outreach strategies to enhance the uptake of services and functionality of the Vision Centre; and, to determine the prevalence of diabetic retinopathy in the district.

In the Chitrakoot area, 205 eye camps provided screening exams for 40,000 people and 7,000 sight-restoring surgeries.

In Tamil Nadu, Seva worked with Aravind Eye Care System to improve eye care research, refine a comprehensive training for ophthalmic assistants, develop a hospital service evaluation system and much more. With Seva's help, Netra Niramay Niketan in Bengal focused on organizational development.

FINANCIALS

SEVA CANADA SOCIETY
Statement of Operations and Changes in Net Assets for the Year Ended June 30, 2007

	2007	2006
REVENUE		
CIDA program grants	$168,837	$162,668
Project grants and contracts	$20,643	$34,953
Donations	$642,680	$311,005
Donations — in kind	$7,923	—
Special events, presentations & net merchandise sales	$39,866	$63,821
Investment and other income	$2,526	$7,731
Total Revenue	**$882,475**	**$580,178**
EXPENDITURES		
Program payments	$334,371	$370,400
Program administration	$116,563	$68,842
Fundraising	$95,812	$82,173
General administration	$60,956	$123,730
Total Expenditures	**$607,702**	**$645,145**
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	**$274,773**	**($64,967)**
FUND BALANCES, beginning of year	**$49,789**	**$114,756**
FUND BALANCES, end of year	**$324,562**	**$49,789**

Financials prepared by Margaret Newton & Co., Chartered Accountants.

VOLUNTEERS

Volunteers have always played a crucial role in Seva's work. From ophthalmologists helping train local physicians, to the epidemiologists conducting blindness surveys, to nurses, management consultants, graphic designers, envelope stuffers, special events helpers, information technologists, writers and editors – volunteers sustain Seva programs. Volunteer opportunities abound at Seva. For current volunteer openings, please visit our website at www.seva.ca or contact Annie Chen at admin@seva.ca. All

VOLUNTEERS OVERSEAS

Jafaar Aghajanian
Ken Bassett
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Catherine Howett

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PLANNED GIVING

A number of our supporters have named Seva Canada in their long-term charitable giving plan. We thank these people for believing in the continuation of our work. Planned giving can take many forms and create opportunities for both Seva Canada and our donors. If you are interested in making a planned gift please contact Penny Lyons at 604-713-6622 or 1-877-460-6622.

DONORS

Listed here are the many kind individuals, businesses and organizations who gave their financial support to Seva during the past fiscal year, July 1, 2006 to June 30, 2007. Please let us know of any errors or omissions by calling 604-713-6622.

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CIRCLE OF LIGHT DONORS

The following members of the Circle of Light are a group of extraordinary individuals who care deeply about changing the world for the better. Seva Canada is grateful to this special group of donors who are willing and able to make a significant pledge to Seva's mission. The Circle of Light is composed of people who have committed to making a donation of $750 or more each year for five years.

The Amigos
Micheline Brunelle
Tessa Cherniavsky
Niclas Christoffersson & Kris Bury
Marilyn & Gary Corbett
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CIRCLE OF SHARING DONORS

Seva is very grateful to the following dedicated donors who give monthly by automatic payments from their bank account or credit card.

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"Over 300,000 cataract operations are impressive,
but to change one person's life with sight-restoring surgery is magnificent.
That is the reason we do it."
Dr. Peter Nash, ophthalmologist and Seva board member for over 20 years

Dr. Peter Nash wrote those words in 2005. Since that time, thousands more children, women and men have had their sight restored.

Here is one story of a little girl and her family who have had their lives transformed by the gift of sight and your generosity and compassion.

Six-year-old Tenzin Chudren was blinded by bilateral congenital cataract. The loss of her eyesight devastated her so much that she would cling desperately to her mother.

"My daughter's personality has changed a lot since she became blind," said Tenzin's mother. "She barely talks to anyone and she wants me to hold her every second. If I take her off my lap even for a moment, she just cries and cries. Her father has been doing all the work because I am completely tied up with Tenzin."

Prior to surgery, when Tenzin's mother lifted the little girl from her lap and placed her on a separate chair, Tenzin immediately panicked and began frantically feeling for her mother. She cried out, "Where are you going, Mom? Please don't leave me! Give me your hand… I need to hold your hand, please!" After fumbling for her mother for a while, Tenzin found her Mom's right hand, grabbed it and brought it to her chest and held it tightly.

After two cataract surgeries, Tenzin has once again become a happy, relaxed child. "Tenzin doesn't feel nervous anymore. She can be by herself without my presence," said her mother. Her life and the lives of her family members have been changed forever.

Tenzin and her mother, before and after her sight-restoring surgeries.



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Seva Canada is extremely grateful to the wonderful photographers who donate their work. Photographs here are courtesy of Parto Banerjee, Geoff Oliver Bugbee, Dolma Chugi, Dr. Paul Courtright, David Hardouin, Diane Hardouin, Brian Harris, KCCO, Dr. Steve Miller and Dr. Martin Spencer.