



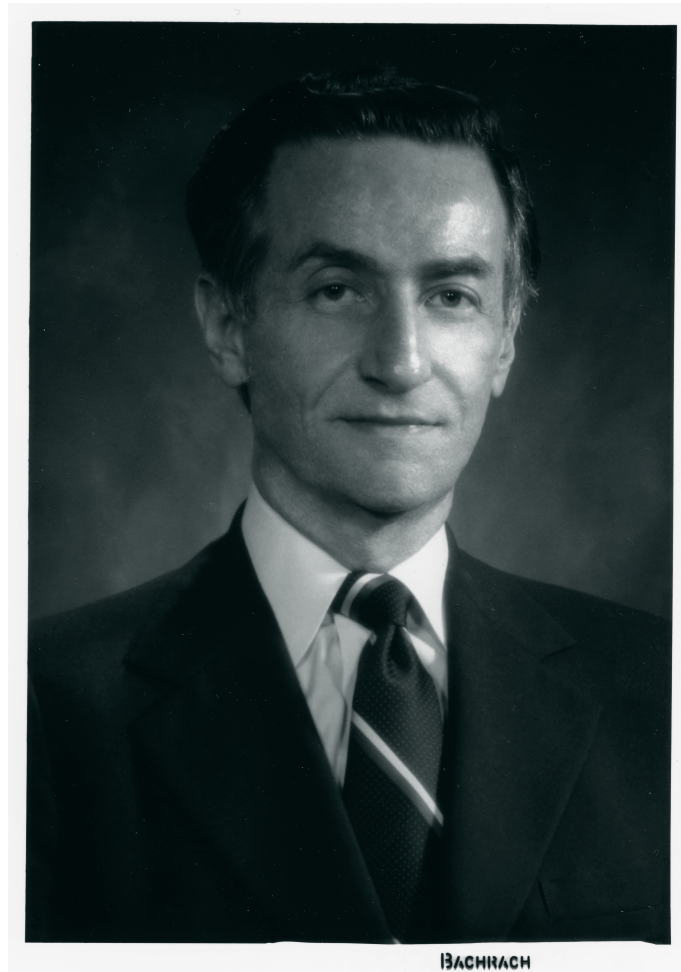
# HINDSIGHT

Journal of Optometry History

Publication of the Optometric Historical Society

Volume 48, Number 1

January 2017



Alden Norman Haffner, 1987

Catalog Number: 2016.IMG.0080,  
AOA Photograph Collection  
*Courtesy The Archives & Museum of Optometry*

*Hindsight: Journal of Optometry History* publishes material on the history of optometry and related topics. As the official publication of the Optometric Historical Society (OHS), a program of Optometry Cares®-The AOA Foundation, *Hindsight* supports the mission and purpose of the OHS.

---

### **Members and officers of the OHS Advisory Committee 2016**

President: Ronald R. Ferrucci, [drferrucci@gmail.com](mailto:drferrucci@gmail.com) (2017)\*  
Vice-President: John Townsend, [john.townsend@va.gov](mailto:john.townsend@va.gov) (2018)  
Secretary-Treasurer: Irving Bennett, [irvbennett23@gmail.com](mailto:irvbennett23@gmail.com) (2021)  
Members: John F. Amos, [eyedoc@uab.edu](mailto:eyedoc@uab.edu) (2019)  
R. Norman Bailey, [nbailey@uh.edu](mailto:nbailey@uh.edu) (2021)  
Lynn M. Brandes, [lynnbrandes@comcast.net](mailto:lynnbrandes@comcast.net) (2019)  
Bill Sharpton, [sharpton@windstream.net](mailto:sharpton@windstream.net) (2017)  
George Woo, [George.woo@polyu.edu.hk](mailto:George.woo@polyu.edu.hk) (2019)  
Karla Zadnik, [Zadnik.4@osu.edu](mailto:Zadnik.4@osu.edu) (2018)

\*term expires

---

### **Optometry Cares® - The AOA Foundation**

T. Joel Byars, O.D., Liaison to Heritage Services, Board of Directors  
[jbyarsod@bellsouth.net](mailto:jbyarsod@bellsouth.net)

Rebecca Hildebrand, Director  
[RAHildebrand@aoa.org](mailto:RAHildebrand@aoa.org)

Kirsten Pourroy Hébert, Heritage Services Specialist  
The Archives and Museum of Optometry  
[khebert@aoa.org](mailto:khebert@aoa.org)

Erica Hayes, Administrative Assistant, The Optometric Historical Society,  
[amo@aoa.org](mailto:amo@aoa.org)

---

The official publication of the OHS, published quarterly since its beginning, was previously titled *Newsletter of the Optometric Historical Society*, 1970-1991 (volumes 1-22), and *Hindsight: Newsletter of the Optometric Historical Society*, 1992-2006 (volumes 22-37). Use of the current title, *Hindsight: Journal of Optometry History*, began in 2007 with volume 38, number 1. Back issues, indexes, and additional information about the journal are available at:

<https://scholarworks.iu.edu/journals/index.php/hindsight/issue/archive>.

Manuscripts can be submitted for publication at the journal website (<https://scholarworks.iu.edu/journals/index.php/hindsight>). Alternatively, a Word document can be submitted by email to the editor.

---

---

***HINDSIGHT: Journal of Optometry History***

**January, 2017**

**Volume 48, Number 1**

---

**Editor:**

David A. Goss, School of Optometry, Indiana University, Bloomington, IN 47405,  
dgoss@indiana.edu

**Contributing Editors:**

Irving Bennett, 5551 Dunrobin Drive, #4208, Sarasota, FL 34238,  
irvbennett23@gmail.com

Kirsten Pourroy Hébert, The Archives and Museum of Optometry, 243 North Lindbergh  
Boulevard, St. Louis, MO 63141, khebert@aoa.org

---

TABLE OF CONTENTS

Ohio State Optometry Emeritus Dean Frederick W. Hebbard, Revered Leader in Optometric Education, Dies at 93, <i>Ohio State University College of Optometry News</i> .....	2
“I” to Eye – 66 Years of Optometry Through the Eyes of a Clinician, Educator, Administrator, Consultant and Public Health Optometrist, <i>Lester Caplan</i> .....	5
The RLI (Replacement Lens, Inc.) Story, <i>Irving Bennett and Floyd Mizener</i> .....	25
Remembering and Furthering the Vision of an Optometric Trailblazer, Alden N. Haffner, O.D., Ph.D. (1928-2016), <i>Andrea P. Thau</i> .....	29
Book Review: History of the American Academy of Optometry 1987-2010, <i>Reviewed by David A. Goss</i> .....	31

---

---

## News

### Ohio State Optometry Emeritus Dean Frederick W. Hebbard, Revered Leader in Optometric Education, Dies at 93

Reprinted with permission from Ohio State University College of Optometry News, <https://optometry.osu.edu/news/2016-08-15>.

Emeritus Dean Frederick W. Hebbard, OD, PhD, of The Ohio State University College of Optometry, passed away on August 14, 2016. He was 93.



---

**D**r. Hebbard was born on August 6, 1923 in Eureka, Utah and grew up in Vallejo, California. After graduating from high school, he served in the U.S. Navy as a pattern maker at Mare Island. He first found out he was myopic during a military physical, which sparked his interest in vision. When the war ended, he started optometry school at the University of California, Berkeley, graduating with his optometry degree in 1949 and a Ph.D. in 1957.

After earning his Ph.D., Dr. Hebbard accepted a faculty appointment at Ohio State, where he excelled in various teaching, clinical, and research roles. He truly built upon the optometric education foundation at Ohio State by guiding the design, construction, and dedication of the new west wing of Fry Hall, which opened in 1961. In addition, he negotiated with the university to acquire Starling-Loving Hall for the College of Optometry.

Dr. Hebbard was instrumental in bringing the OD degree to Ohio State, spearheading the expansion of the five-year curriculum (concluding with a BS-Optometry degree) to a six-year curriculum (concluding with an OD degree). In fact, he designed the doctoral hoods and presided at the first awarding of the OD degree.

He became the College of Optometry's first dean on January 1, 1968. During his tenure as a faculty member and administrator, he was responsible for many initiatives that helped solidify optometry's presence and prestige, not only on Ohio State's comprehensive health sciences campus, but nationwide as well. He worked tirelessly to preserve optometry's independence from Ohio State's College of Medicine in the mid-1960s when the Department of Ophthalmology proposed that the optometry program be placed under its administrative structure.

Dr. Hebbard was a respected leader in optometric education and served on many boards and committees for the American Optometric Association, the American Academy of Optometry, The Association of Schools and Colleges of Optometry, and the National Board of Examiners in Optometry.

He recruited a world-class faculty of luminaries in optometric education, including Neal Bailey, Richard Hill, J. Boyd Eskridge, Brad Wild, Jerry Lowther, John Schoessler, Ron Jones, Michael Polasky, Arol Ausburger, Paulette Schmidt, Jim Sheedy, Kevin Alexander, Joe Barr, and Greg Good, just to name a few.

Dr. Hebbard retired from Ohio State in June 1988. During his tenure, 1,081 Doctors of Optometry and 91 graduate students in physiological optics received their degrees from Ohio State.

At the time of his retirement, Dr. Hebbard told a reporter from Ohio State's student newspaper, the *Lantern*, "I've always enjoyed the university's atmosphere. The students at Ohio State are very fine young people. One of the blessings in my life is I have had a career I truly enjoy. My job [has been] my hobby; if you enjoy your job, you don't need another hobby."

Emeritus Dean Richard Hill, OD, PhD, notes, "Dean Hebbard had a remarkable life, and was a strong influence in the development of our profession. He will be remembered as a visionary and leader of high standards."

Dr. Hebbard's most recent successor, Dean Karla Zadnik, OD, PhD, observes, "Dr. Hebbard's legacy resides in the College of Optometry at The Ohio State University. He dedicated his professional life to the advancement of students and faculty. He will be missed."

---

In lieu of flowers, donations may be made to The Frederick A. and Betty L. Hebbard Memorial Fund. Established in 1976 in memory of his parents, Dr. Hebbard created this fund to support the College of Optometry and its education and research programs. To make a donation, visit <https://www.giveto.osu.edu/makeagift/?fund=603051> or call 614-292-2100.

---

## **“I” to Eye – 66 Years of Optometry Through the Eyes of a Clinician, Educator, Administrator, Consultant and Public Health Optometrist**

Lester Caplan, O.D., M.Ed.  
School of Optometry  
University of Alabama Birmingham  
[baltoeyedoc@mac.com](mailto:baltoeyedoc@mac.com)

### **Chapter 1 – The College Years 1946-1950**

**M**y optometry history really begins in mid-1946, about a year prior to my matriculation into Northern Illinois College of Optometry. After three years in the Army in World War II, with service in Okinawa and Korea, I was discharged on March 6, 1946. I started to think of what I was going to do for the rest of my life. One of my closest childhood friends, Gilbert Schiffman, had been talking to one of our mutual neighborhood friends about optometry and we both thought it was worth looking into. I knew nothing about optometry or didn't even know an optometrist, so I started to investigate the profession, its educational requirements, its institutions and its post-graduate job opportunities. The more I found out about optometry, the more interested I became. I liked the idea of becoming a health professional and, of even greater importance to me at the time, was that I could earn a Doctor of Optometry Degree in a relatively short period of time, unlike Medicine, which would have required at least 8-10 years. Time was of the essence, as I had met my wife to be, Florence Shenker, in late April, quickly followed by our marriage in early September. A Doctor of Optometry Degree in four years seemed like a very plausible option. The only problem was that by late Spring of 1946, the schools which I contacted had no openings because of the incursion of thousands of discharged veterans who had similar ideas. Optometry schools were inundated with applicants from post-war GI Bill recipients and classes were filled for the next couple of years.

I decided to apply to Northern Illinois College of Optometry (NICO). NICO had 1<sup>st</sup> year classes beginning in February, June and September in the immediate post-war years, with close to 300 in each class. They anticipated no openings for the next couple of years. However, attrition in the first year classes was very high and they would consider waiving my first year if I had the necessary pre-requisites, comparable to what was taught in the first year of their program. I could then start in September, 1947, as a second year student. I already had one year of college credits obtained during the war at Wheaton College in Wheaton, Illinois under the Army Specialized Training Program (ASTP). To acquire the pre-requisite credits, which I was lacking, I enrolled at the University of Maryland and commuted from Baltimore to College Park from September 1946 to June 1947. I began NICO in September, 1947 as a second year student, and with an accelerated program and

no holidays or summer breaks, I was able to complete the program in two years, graduating (Summa cum Laude, and recipient of the William B Needles Scholarship Award) in September 1949.

**The Profession 1946-1950** – The number of students in the optometry schools during the war years was very small, but as soon as the war ended, the schools were deluged with the high number of returning Veterans. The GI Bill provided students with tuition up to \$500 a year, for the number of months in service (up to 4 years), covered all other school related expenses (books, lab fees etc.) plus \$75 a month, if married, (raised to \$105 in 1948) for living expenses.

There were ten schools and colleges of optometry in the U.S. at the end of World War II (one in Canada at University of Montreal); four were university schools (California Berkeley, Columbia, Ohio State, Pacific) and six were proprietary institutions (Pennsylvania, Northern Illinois, Monroe, Southern, Massachusetts, Los Angeles). North Pacific College of Optometry closed its doors in 1942 when its co-owner, Dr. Newton Uyesugi (Wesley), was interred. It became part of Pacific University at Forest Grove in 1945. Although all private schools issued a Doctor of Optometry degree, Pacific University College of Optometry was the first University to issue a Doctor of Optometry Degree (1947). The other University Schools of Optometry generally issued a Bachelor of Science (or Optometry) Degree.

Optometry in the immediate post-war years was a solo practice profession. State Boards of Optometry controlled the profession from the examination and licensing of new practitioners to practice modes, ethics, signage, advertising, etc. In most states advertising was not allowed and only a few states allowed corporate ownership, so what was termed commercial optometry was able to operate in only a few states. In Maryland there were two so-called commercial houses, New Deal Optical and Universal Optical, which became one of the first Pearle Vision stores in the early sixties. They both advertised, “Examination Free, Single Vision Glasses \$10.50, Bifocals \$13.50”. Except for the military and in the few states which allowed commercialism, graduates had few opportunities for employment. Solo practices proliferated, so many rural areas throughout the country benefitted with having their first eye care professional. It became very difficult for out-of-state graduates to pass the licensing examination in states which had commercial entities. The State Boards did not want to give the commercialists a readily available source of optometrists to staff their stores. Some jewelry stores also employed optometrists, but their fees were comparable to private practice. This was the climate for Optometry when I entered practice in 1950.

## **Chapter 2 - The Early Practice Years 1950-1967 – From Private Practice to Frustration and back to Private Practice**

Although I graduated in September of 1949, I had to wait until February, 1950 to take the Maryland State Board Examination. In the interim, I worked as a delivery boy for my father-in-law’s hand laundry in New York City. The “tough” reputation of the Maryland State Board was well known and only about 25% of the examinees usually passed the board. Many graduates from other states, hoping to

get a high paying job in a commercial establishment (\$125 a week was considered a nice income in 1950) would apply to take the board. With that in mind, it was almost impossible for someone from out of state to pass the board. I found the examination very difficult and I thought for sure that I had failed. The fact that I was a native Marylander and first in my graduating class, may have played a role in my gaining a passing grade and receiving my license to practice on March 17, 1950 (License # 448). The members of the State Board were: A.L. Trussell (President), George H. Kohler (Secretary), Albert B. Boulden, and G. William Seabold. I had also taken the Virginia State Board Examination and was issued a license to practice in Virginia.

I opened a solo practice a couple of months later in my neighborhood, the Forest Park section of Baltimore. It was located on the second floor of a building at the corner of Garrison Boulevard and Liberty Heights Avenue, upstairs from the Lambros Pharmacy (many years later it was former Colt All Star, Jim Parker's Bar). Florence and I had \$3000 in the bank, which we used to furnish and equip the office. My initial examination fee was \$10 and glasses were probably around \$25 for single vision. I'll never forget my first patient, a young boy with extremely high astigmatism. I had not ordered a keratometer, which would have been very helpful in this particular case, so after sweating for at least an hour or more performing the examination, I asked the patient's mother to bring him back the following week for further tests. As soon as they left the office I called Hilbert Optical and ordered a B & L Keratometer, which they delivered the next day. Much to my chagrin, but understandingly, the patient never returned for the completion of the examination. After struggling for nine months, having grossed \$900, and with no more money in the bank, I decided to close the office and look for a job. I had joined the Maryland Optometric Association (MOA) shortly after opening my practice and I was hoping that one of my association colleagues would help me out and hire me. No one offered me a job so I had to go "commercial" in order to feed my family. New Deal Optical hired me at \$125 a week. I had to submit my resignation to the MOA/AOA as their by-laws did not permit anyone in the commercial practice of optometry to be a member. I was so ashamed and humiliated that I totally withdrew from the profession that I loved, except for giving 50 "quickie" eye examinations a day to "customers" whom I resented for looking for bargain eye-care. The only positive during those three years at New Deal, was when I went up to Chicago for a two-week course with the Wesley/Jessen Contact Lens Company on the fitting of hard corneal contact lenses (Polymethylmethacrylate or PMMA). Only scleral lenses were in use when I was in optometry school, and making a mold of the eye, prior to the fitting of scleral lenses was so abhorrent to me, that I vowed that I would never fit contact lenses in my practice. Famous last words! In March of 1953, we rejoiced with the addition, by adoption, of our three month old son, Bruce.

After three years in the commercial environment, Drs. Bob and Lila Schwartz offered me a job in their Brooklyn and Glen Burnie offices. I jumped at the opportunity, even though it would create a financial hardship. By that time I was making \$150 a week at New Deal but was very willing to work for the

Schwartzs' at \$125 a week. It was wonderful returning to a professional, ethical environment. Unfortunately, my addition to the practice did not generate enough additional income to feed two families. When a job became available at S & N Katz, the largest jewelry store in Baltimore, Bob and Lila encouraged me to take the position, since, except for being located in a jewelry store, it was the closest thing to private practice in terms of the ethics of practice. In October of 1959 our family was now four, with the celebrated birth of our second son, Eric (Rick) Scott.

I started my employment at S&N Katz in 1954, working with a Dr. Clodfelter. He was an excellent refractionist, but not much else, since he was practicing optometry, when, in 1914, the first state law establishing the Art and Science of Optometry was passed. Anyone who claimed to be an optometrist, was automatically licensed, regardless of educational background (Grandfather Clause). In addition to the Grandfather Clause, the Law included the infamous Myopic Clause, which required optometrists to refer all patients 16 and under to an ophthalmologist if they were unable to improve their vision to better than 20/40. No optometrist paid any attention to it, and as far as I know, it was never challenged.

I was quite happy practicing at S&N Katz, since I could perform complete examinations, take as much time as necessary, and never feel pressured to prescribe for the sake of selling glasses. I left S&N Katz in 1961 after seven years, when many of my patients encouraged me to open my own practice and promised to follow me as patients, which they did.

Now with a family of four to take care of, I could not afford to open "cold", so I looked for a job to keep me financially viable while I was building my practice. The only ones that would hire me were the low price, commercial houses, since our patient base would be entirely different and not be competitive. So once again I went to work, full time, with New Deal Optical. I informed them that I would gradually reduce my days with them as my private practice developed. Lillian Augustine, the owner, laughed at me, stating that I will never be successful in a private practice. "Even though you are the best doctor we ever had, you are too nasty to our customers." I opened my practice on the second floor of the Trailways Bus Terminal Building on Fayette Street in downtown Baltimore, within a block of the two "price houses" (New Deal Optical and Universal Optical) and a large semi-professional practice (Barenburg Optical). My entire office measured 14 x 16 feet. By dividing the space in half, each room was 7'x16', a reception/dispensary room and an exam/office room. There was no running water, so it was necessary, after each patient, for me to run down to the restroom at the end of the hall to wash my hands and to bring back a couple of bowls of fresh water for patient use. The practice was quite successful, grossing over \$10,000 the first year, even though I was in the office only 2 nights a week and on Saturdays. I gradually reduced my time with New Deal and by 1964 decided to open a second office near my home on the corner of Liberty Road and Croydon Avenue, one block south of the Baltimore Beltway (I-695). It was a small office in the basement of a Williamsburg style house that a dentist, Dr. Howard Goldberg, had converted to a professional office

building, with his office on the first floor. By this time my days with New Deal had been reduced to one day a week and I also obtained a one-day a week position at the Sinai-Druid Comprehensive Child Care Clinic. It was one of the first, if not the first, clinical optometric positions in Maryland which was affiliated with a hospital. Shortly after opening my Liberty Road practice, I learned of the planned construction of the first professional office building on Security Boulevard, across the street from the national headquarters of the Social Security Administration. The only commercial structure on Security Boulevard at that time was a relatively small, strip shopping center. The new professional building faced the west side of the strip shopping center. I moved my Liberty Road office to the new professional building in 1965. Although it was only 750 square feet, it was luxurious when compared to my downtown 224 square foot office and my slightly larger Liberty Road office. The only other office in the building which was occupied when I moved in, was next door to my office and it was occupied by a company I had never heard of, Hewlett-Packard. If I had only known!

While I considered Contact Lenses my specialty, my training at NICO emphasized Vision Training and Developmental Vision, so I was also trying to build a Pediatric Vision Practice and I thought that a Master's Degree in the field of Reading would boost my chances of success. Starting in 1964, I went to night school, at Loyola College of Baltimore (now Loyola University), under the tutelage of my childhood friend, Gilbert Schiffman, O.D.,Ed.D. I received my Master's in Education (M.Ed.) in the field of Reading in 1967. Dr. Schiffman later transferred to Hopkins and was appointed by President Richard Nixon as Director of his National Right to Read Program. After earning my M.Ed. Degree, I was hired as a consultant to the Prince George County Public Schools and taught in the Adult Education Program in Baltimore County Schools. By mid-1965 I had divested myself of all commercial optometry connections and re-applied for membership in the Maryland Optometric Association and the American Optometric Association. Within a year I was appointed Chairman of the MOA's Public Health Committee, probably influenced by my employment at the Sinai-Druid Comprehensive Child Care Clinic.

**The Profession 1950-1967** – In the 1950s, Columbia University's School of Optometry closed its doors and by the early fifties, the onslaught of new applicants to the schools of optometry had slowed considerably and enrollments were at an all time low. Two new schools of optometry were established during this time period, Indiana University in 1951 in Bloomington and University of Houston in 1952. Chicago College of Optometry merged with Northern Illinois College of Optometry and became Illinois College of Optometry in 1955. The Ohio State University School of Optometry issued its first O.D. Degrees in 1966, when four of its former graduates returned to complete an additional fifth year. A six-year was then added. The 1968 graduating class was the first class to receive the O.D. degree. The University of California, Berkeley School of Optometry added an optional six-year in 1966 with an O.D. Degree and the first entire class to receive a Doctor of Optometry Degree graduated in 1970, after completing four undergraduate years and two graduate years. It wasn't until the mid-sixties that

“health-professional” schools became healthy again with a huge boost from federal dollars for construction of new facilities. Optometry schools were extending their programs to five and six years, with greater emphasis on diagnosis, treatment and management of ocular diseases, even though the optometric scope of practice was still limited to refraction, contact lenses, low-vision and visual training. The battles with ophthalmology were extensive and bitter, with their fear of optometry’s growth in numbers, upgrading of its curricula and the possible legalization of diagnostic and therapeutic drug utilization; a fear that the future proved to be well founded.

Although private practice was still the primary practice mode for optometry, state boards of the health professions were beginning to lose their clout. Legal challenges were resulting in a lessening of power and restrictions on how one was allowed to practice were falling by the wayside. Optometry was particularly affected and commercial enterprises, such as Pearle Vision and the addition of Optical Departments in many large national chains, were opening throughout the country by the late 1960s.

In the mid 1950s the AOA Committee on Social and Health Care Trends was formed under the leadership of Dr. Norman Haffner and Dr. Felix Koetting of the AOA staff. The committee included prominent optometrists throughout the U.S. as well as local optometrists who were well aware of the importance of optometric inclusion in the health care structure of the future. Dr. Haffner, an active member of the New York State Public Health Association in the late fifties and sixties, and President of the Public Health Association of New York City in 1972-73, was the leading force in establishing an optometric presence in public health and the American Public Health Association (APHA). An “Optometry in Public Health” Seminar was held at 4H headquarters in Washington in February, 1967. This seminar was the first ever “to be held in the areas of public health and optometric care”. It was planned by Dr. Haffner, Chairman of the AOA Committee on Public Health and Optometric Care and Dr. Henry Peters, Seminar Educational Director, sponsored by the American Optometric Association, the American Optometric Foundation and the Association of Schools and Colleges of Optometry and funded through a Public Health Traineeship Grant of the US Public Health Service. Dr. Peters’ opening remarks stated that “since optometry provides the major share of vision care in the American scene, there can be no doubt that Public Health Care needs optometry and optometry needs to enter new dimensions of service, if it is to make its greatest contribution. Thus optometry needs public health”. The program brought together some of the leading public health physicians at the time, such as Lorin Kerr, Paul Cornely, John Porterfield, Milton Terris, then the APHA president, and the visionaries of public health optometry, like Dr. Henry Peters, Dr. Norman Haffner and Dr. Alfred Rosenbloom. I was fortunate to have been invited to this historic meeting.

The closing of the Columbia University School of Optometry in the 1950s had left a serious shortage of vision care services for the indigent population in New York City. Through the leadership of Dr. A. Norman Haffner and a small

group of dedicated optometrists and benefactors, the Optometric Center of New York (OCNY) was founded in 1956 as a nonprofit health and professional education resource for the community. This center became a model for additional centers which were established in other cities with Dr. Haffner serving as a consultant and Advisory Board member, as with the Optometric Center of Maryland. It was at this time when I first met Dr. Haffner. The Optometric Center of New York, through its pioneering effort, supported and directed the establishment of a vision-care clinic, which, in 1971, became the patient care centerpiece for the new SUNY College of Optometry.

### **Chapter 3 – The Developing Public Health, Indian Health Years and the End of Private Practice 1967-1979**

One of my first responsibilities as Chair of the MOA's Public Health Committee was to meet with Maryland Health Officials to convince them of how valuable optometrists could be in providing vision care in the recently approved Federal Title 19 (Medicaid) Program, passed by Congress in 1965. I was successful in working out an agreement, but my colleagues were not very happy with my negotiating competence, especially when I informed them that we would receive \$3.00 for eye examinations for Medicaid patients. Although I wasn't very happy with the negotiated fee either, I explained that we had to get our "foot-in-the-door", and that there would be opportunities in the future to increase the fee. Maryland's early inclusion of optometry, in a state's Medicaid Program, had a significant national implication for the profession.

In September, 1968 I received a call from the American Optometric Association's Washington Office, asking their permission to submit my name to the Indian Health Service (IHS) to be considered for appointment as the Director's Optometric Consultant. Needless to say, I was quite surprised and was somewhat hesitant, having little knowledge of our American Indian population or its health issues. When AOA informed me that it would probably require a few days a year with meetings in the D.C. Area, and not be too demanding on my growing practice, I consented to allow them to submit my name, along with two other candidates. In December of 1968, I received a letter from Dr. E. B. Rabeau, Director of the Indian Health Service, offering me the position. He informed me that the pay would be \$50 a day, for about 10 days a year, with a stipend of \$16 a day. After discussing the situation with the AOA, and, of course, my wife, and even though it would mean a loss of income on the days that I worked for the IHS, I accepted the offer. It sounded as though it could not only be an interesting position, but more importantly, increased utilization of optometrists in the IHS would result in better eye care for our Native American population. The acceptance of this position and what transpired over the next 16 years, profoundly affected both my personal and professional life, up until this very day.

Because of a series of delays, caused by personnel changes in the IHS Headquarters Administration, along with lost appointment papers, it wasn't until September 1969 that I had my first meeting with Dr. Emery Johnson, the newly

appointed Indian Health Service Director and Dr. Donald Swetter, newly appointed Chief of Medical Services. Much to my dismay, Dr Johnson informed me, that contrary to Dr. Rabeau's initial description of the position, the job would entail far more than 10 days a year in the headquarters' office but more like 50+ days a year, wherever the IHS delivered services. His charge to me was to educate IHS administrators and clinicians about optometry, to develop and expand optometric utilization, to improve the relationship with the private sector of optometry and to develop a harmonious relationship with IHS ophthalmologists and ophthalmology consultants. During the next five years, I made over 40 trips, from the West Coast of Alaska to the Southeast corner of Florida. I met with IHS Area and Service Unit administrators, IHS ophthalmologists and consultants, IHS optometrists and with private sector optometrists in all states where services were being provided by the IHS. I visited all eight IHS area offices, many reservations and service units within the larger reservations and I visited almost all the schools of optometry to recruit students for the USPHS/IHS (after they graduated). From late 1969, until I stepped down as the IHS Optometric Consultant in 1985, I selected and assigned every USPHS Commissioned Corps Optometrist who entered the Indian Health Service. In addition, because of my frequent presence in reviewing optometry applicant files for the IHS, I became well known to the Commissioned Corps Office of Personnel and was called upon to recruit, select and assign optometrists for other agencies within the Department of Health, Education and Welfare (HEW) which utilized optometrists. These agencies included the Bureau of Medical Services – Division of Hospitals and Clinics (Public Health Hospitals), Bureau of Community Health services – The National Health Service Corps and the Bureau of Health Manpower. As an interesting side note, Dr. Donald Swetter, a pediatrician by training, and the IHS Chief of Medical Services, (with whom I worked very closely with over the entire 16 years as the IHS Optometry Consultant), and I became very close friends. His entire family became my patients, and with my encouragement, one of his four daughters, Dr. Cindy Swetter, went into Optometry and is now a practicing optometrist in Virginia.

In 1971, I was appointed by the Governor of Maryland to serve on the Advisory Council of the Maryland Comprehensive Health Planning Agency and served as Chairman of its Health Services and Facilities Committee from 1973 to 1976, in addition to serving on its Executive, Plan Development and Health Manpower Committees. The Health Services and Facilities Committee advised approval/denial on all Certification of Need requests for new, major renovations or merger of hospitals and other health care facilities throughout the state. I also served on the Maryland State Board of Examiners in Optometry from 1975 until I left Maryland in 1979.

Although my contact lens practice was growing, not too many patients had the motivation to go through the accompanying discomfort during adaptation of the hard, PMMA contact lenses. Corneal staining and edema were on-going problems. In 1971, Bausch & Lomb, introduced the first soft contact lens, the Soflens. Only practitioners who purchased their trial fitting set at a cost of \$3000, could order the lenses and thereby fit and prescribe the Soflens. Although the

initial lenses had their problems, mostly non-centering, resulting in peripheral arcuate corneal staining, they were a panacea for patients who were unable to adapt to hard lenses and had no or little astigmatism. My total fee for the fitting of the softlens was \$350, \$100 more than I was charging for PMMA lenses. The lenses cost \$30 a lens, however, the expense of the trial fitting set had to also be recovered. In 1978, hard (rigid) gas permeable contact lenses (RGP) came on the scene with the release of the Polycon RGP Lens by Syntex. Although there were still some of the same inherent adaptation problems as with the PMMA lenses, corneal edema was reduced considerably, much sharper vision than with soft lenses could be expected and toric and bifocal designs were available long before their availability in soft lenses.

In 1974, my colleagues in Maryland, named me the Maryland Optometrist of the Year and one year later, in 1975, ten years after I was allowed to re-join the MOA and the AOA, I was named the AOA National Optometrist of the Year in Hot Springs, Arkansas. I may add that the MOA's Executive Director, William (Bill) Eisner, was a leading force by pushing my candidacy for both of these awards. When my name was submitted to the AOA past the deadline for the 1974 award, the AOA advised Bill Eisner that they would consider it for the 1975 award, since they were impressed with my work for the Indian Health Service and its impact on our profession. In those days, the National Optometrist of the Year was not announced prior to the time of the Award Ceremony. You can imagine my complete surprise and emotional reaction to have warranted such a prestigious award after such a brief ten years of professional involvement. Incidentally, Dr. Howard Woolf, a fellow ICO Alumnus and prominent Maryland optometrist, and his wife Barbara, were present at that ceremony.

My initial introduction into the realm of optometry related education began in 1976 when I helped establish an Optometric Technician Program at Howard Community College in Columbia, Maryland. My involvement included administrative assistance to the College, hiring its Director and instructors, teaching and working with the AOA and other schools throughout the country in the education and training of optometric technicians and assistants.

In March of 1978, my late wife, Florence, was diagnosed with terminal cancer and died in January of 1979, only 10 months after diagnosis. I no longer had the heart to continue in private practice since I not only had lost my life partner, but also a vital part of my practice, since Florence ran the business end of the practice. This seemed to be the time to pursue one of my lifelong dreams, to teach. Shortly before Florence passed away, I flew up to Boston for a few hours and was inducted as a Fellow into the American Academy of Optometry. I also met with Dr. Henry Peters, the Dean at the University of Alabama at Birmingham School of Optometry and told him of my plans to leave private practice and go into optometric education. He encouraged me to do so and said he would like me to come down to Birmingham for an interview and hoped that I would join his faculty. From February to May I visited UAB, ICO, and Ferris State, and received offers from all three schools, in addition to one from SCCO, even though I had not had a

chance to visit for an interview. UAB was my first choice for several reasons. First, I was impressed that it was the only optometry school associated with a University Medical Center. Also, Drs. Bob Newcomb and Bill Schuller, close friends from our common public health interests, were on the faculty. My personal relationship with Hank Peters and his willingness to allow me to continue my work with the Indian Health Service was certainly a major factor in my decision. An incoming rank as Associate Professor, along with a starting salary of \$35,000, was equal or better than the other job offers. I also had a 19-year-old son and a 93-year-old dad still living in Baltimore, so I wanted to be close enough to get up to Baltimore frequently and quickly. Therefore, it was a rather quick and easy decision to select UAB. I sold my half of the practice to my partner, Dr. Eric Cohen (I had sold the other half to him, two years earlier) and off I went to Birmingham, Alabama, in late July of 1979.

**The Profession 1967-1979** – Phenomenal changes occurred in Optometry during this time frame. In early 1968, a historic meeting in a hotel at LaGuardia Airport in New York, took place that changed optometry forever. The meeting was called by the head of the Optometric Center of New York, Dr. A. Norman Haffner. There were 28 in attendance, mostly optometry school deans/presidents with a few others, like Milton Eger, Editor of the AOA Journal, Irv Borish, writer and researcher, and Charles Seger, chairman of the AOA Council on Education.

There were no minutes and no list of attendees. A couple of months later, Dr. Haffner reported on the results reached at the meeting in a paper he delivered at a New England Council of Optometry meeting in Boston. The La Guardia recommendations were as follows: Optometry must discard its concept of a drugless profession dedicated to function and expand its responsibilities to include, at least the detection, recognition, diagnosis, and monitoring of diseases that affect the eye; Optometric education should be encouraged to provide the necessary courses of study that would sustain all challenges to provide the optometrist with the expertise to become a primary eye care provider and a primary entry point into the health care system of the United States; State laws that govern the practice of optometry must be brought up to date and include provisions that would allow the optometrist to practice that which he/she is taught, including the appropriate use of pharmaceutical agents.

In January, 1969, Lester Caplan, O.D., M.Ed., was appointed as the first Optometric Consultant to the Director of the Indian Health Service (IHS). What followed over the next decade or two in the IHS had a significant impact on Optometry. An optometry school clinic was built in the confines of an Indian Health Hospital (NSUOCO School Clinic in W.W. Hastings Indian Health Hospital in Tahlequah, Oklahoma), externship & residency affiliations occurred between the IHS and almost all schools and colleges of optometry, there was early and extensive use of therapeutics, the development & use of QA Programs and the attainment of hospital privileges for many Optometrists throughout the Indian Health Service.

In 1971, Dr. Morton Silverman, a Rhode Island optometrist, led the charge for Rhode Island to pass the first law granting Optometrists the right to use Diagnostic Pharmaceutical Agents (DPAs), all other states followed over the next 18 years (Maryland was last). In 1976 West Virginia passed the first legislation allowing the use of Therapeutic Pharmaceutical Agents (TPAs) to treat eye diseases, with other states following over the next 20+ years. There were dramatic differences from one state to the other as to what agents were allowed and what diseases could be treated by optometrists.

In 1972, Dr. Henry B. Peters, Dean at the University of Alabama at Birmingham (UAB) School of Optometry, secured funds from the VA office of Academic Affairs to open an optometry teaching clinic at the Birmingham VA hospital. It was pressure and funds from Central Office and the lobbying of Dean Peters that led to the first optometry teaching program at an American teaching hospital in 1973. In 1974, Kenneth J. Myers, Ph.D., O.D. was appointed as the first Director of Optometry for the Department of Veteran Affairs (DVA). In 1972, there were no VA optometry teaching affiliations, no student rotations, no residency training programs and nine poorly paid optometrists with limited privileges manned the VA's 172 hospitals and 120 outpatient clinics. By 2010, DVA was the largest employer of optometrists including originating hospital rotations of optometry student externs and pioneering postgraduate optometry residency training. Every optometry school was affiliated with the DVA and rotated students and cooperated with residencies at one or more VA hospitals or clinics.

Along with optometry's expanding scope of practice there came a resurgence of interest in the profession and a growing demand for more schools and colleges of optometry, especially in areas of the country where there were severe shortages of eye care personnel to serve the needs of the less affluent society, especially in the rural areas. Four new schools of optometry were established in this time period: University of Alabama Birmingham, 1969, State University of New York, 1970, Ferris State University (Michigan), 1975 and Northeastern State University (Oklahoma), 1979. Federal grants assisted the schools by providing funds for building new facilities, purchase of equipment and to cover other developing expenses as well.

Optometric residencies trace their origins back to the late 1960s. Three-month advanced clinical training programs in vision therapy were initiated in 1967 at the Optometric Center of New York. These early certificate programs were not formally recognized by any official body. The first formally accredited one-year optometric residency began in 1976 at the Veterans Affairs (VA) Medical Center in Kansas City, Missouri. In 1978, at UABSO, Dr. John Amos established the first one year School Residencies in Family Practice and Low Vision.

After many years of unsuccessful attempts to have an Optometry Section within the American Public Health Association (APHA), in 1979, a Vision Care Section (VCS) was finally approved.

The introduction of two new types of contact lenses in the decade of the seventies, resulted in a marked increase of patients and income for optometrists. Bausch & Lomb with the first soft lens (Soflens) in 1971 and Syntex with the first gas permeable hard lens (Polycon) in 1978, got the jump on the rest of the industry.

#### **Chapter 4 – The Full-Time UAB Years 1979-1993 – Director of Optometric Technician Program, Chief of Contact Lens Services, Assistant Dean for Clinical Services (Clinic Director), Director of Externship program**

Upon arriving at the UAB School of Optometry in August of 1979, I met with the Dean, Dr. Henry Peters to determine what my role would be at the school. Initially he asked about my interest in becoming the Clinic Director and I quickly and wisely advised him that being new to academia, not only would it not be well received by the faculty, but I was not yet qualified, either administratively or clinically to take on such a huge responsibility. I was an unknown to most of the faculty, all of the staff and all of the students. I was also very concerned about my lack of experience with diagnostic pharmaceutical agents and some vital diagnostic instruments such as the Binocular Indirect Ophthalmoscope and the Goldman Tonometer. I can thank Maryland's strong medical dominance for preventing the state from passing any DPA legislation until years after I had left the state. I did explain to Dr. Peters that contact lenses were my practice specialty, but there were no open positions in that area. Public Health, another one of my areas of expertise, was not a priority at the schools of optometry in the early eighties, and the school also had two well-known public health optometrists, Dr. Robert Newcomb and Dr. Robert Kleinstein, on their faculty. When Dr. Peters mentioned that the current Director of the Optometric Technician Program (Dr. Melvin Shipp) was leaving to pursue a Master in Public Health Degree at the University of Michigan, I immediately knew that this was the ideal position for me to begin my career in full-time academia. Not only would it give me a start in academic administration, but I would be working with a student body with which I could feel very comfortable with, as they had no prior knowledge or experience in anything connected with optometry. The Optometric Technician Program, along with 16 other health related technical programs, was in the UAB School of Community and Allied Health (SCAH). My primary appointment would be at SCAH with a secondary appointment at the School of Optometry. My responsibilities at the School of Optometry would be as a clinical instructor one day a week. My office and classrooms were in a building housing the Regional Technical Institute (RTI) for Health Occupations. Governor George Wallace had established Community Colleges throughout the state so that high school graduates in rural areas, especially minority students, would have the opportunity to further their education. The UAB School of Community and Allied Health joined with these Community Colleges to develop a two or four year education and training program. The student would take one year of pre-requisite courses at their community college and then would attend the School of Community and Allied Health in Birmingham, where they would complete all the necessary course work,

laboratories and clinical training in their selected technical specialty, prior to their certification as assistants or technicians.

One of my first duties was that of recruiting students for the class that would begin in 1981. The current 1979 class (14 students) and the 1980 class (only 3 expected students) had been recruited by the former director. My recruiting visits to many of the Community Colleges throughout the state in 1980, resulted in an expected enrollment of at least 20 students for the 1981-82 academic year. Unfortunately, there was a severe budget crunch in 1980 and UAB decided to eliminate the less successful technical level programs beginning with the 1981-82 academic year. Naturally, with only 3 students in my 1980 Optometry Technician class, the program was one of the first programs to be disbanded. Dr. Peters assured me that after the close of the program in May 1981, I would return to the School of Optometry as a full time faculty member.

In January of 1981, I married Arlene Wilder, a psychiatric social worker. Arlene was an old acquaintance from when we were back to back neighbors in the early years of our first marriages. I now had a family of seven with the addition of Arlene's two daughters, Lori and Harriet.

The 1981-82 academic year was my most frustrating in optometric education. Although the Chief of Contact Lens Services had transferred to Houston and I had hopes that Dr. Peters would select me to succeed him, I was very disappointed when he selected someone else. My responsibilities for that year were limited to teaching in the contact lens laboratory and as a clinical instructor in primary care and contact lenses. The following year, the Chief of Contact Lenses was promoted to Assistant Dean for Clinical Services (Clinic Director). I pleaded with Dr. Peters for the Chief of Contact Lens Services position and reluctantly, he agreed to appoint me, but only as "Acting" Chief until he was able to recruit someone with a national reputation in contact lens instruction and research. Over the next few years I managed to attain the national reputation that Dr. Peters was looking for in 1982. In addition, the contact lens program at UAB became recognized as one of the best in the country, with a Contact Lens Residency Program that recruited the finest candidates. Dr. Peters never officially removed the "Acting" from my title, and I never bothered to request it, since no one ever knew that my official title was Acting Chief. In 1983, as the Chief of Contact Lens Services, I represented the school at the Association of Optometric Contact Lens Educator's (AOCLE) first workshop, hosted by the University of California Berkeley (UCB). The idea of an optometric contact lens organization was initially discussed at a Bausch & Lomb meeting in Rochester, New York, in 1972 when Drs. Paul White, Marty Gelman, Woody Kolb and others broached the subject. In 1974 the first official meeting of the organization sponsored by the Wesley/Jessen Contact Lens Company, took place at the John Hancock Towers in Chicago. Dr. Maury Poster was elected as AOCL's first Chair. Paul White, who had acted as unofficial chair during the formative years, volunteered to be the organization's fund-raiser. His success in getting the contact lens and solution companies to support meetings and later its annual workshops, assured the AOCL its viability.

I was elected Treasurer/Secretary at the 1984 workshop and Treasurer a couple of years later when the positions were separated. I held the position until 1996, no longer in contact lens education, and very much involved at that time in administrating the Association of Schools and Colleges of Optometry Clinic Directors/Administrators Special Interest Group (ASCO SIG).<sup>1</sup>

Dr. Peters retired in 1986 and Dr. Brad Wild became the new Dean. Late in the year, Dr. Wild asked me if I would accept the Assistant Dean of Clinical Services (Clinic Director) position, replacing Dr. Melvin Shipp. For the second time at UAB I replaced Dr. Shipp, this time when he went to Harvard to pursue the Doctor of Public Health Degree. There were a number of problems in the clinic at that time, the most serious were the physical condition of the clinic and a lack of state of the art equipment, both of which resulted in low morale among faculty, staff and students. I was a full professor and had tenure by then, so speaking from a position of strength, I told Dr. Wild I would only accept the position if he somehow found the funds that would allow me to renovate the clinic, with a totally new design, new furniture throughout the clinic and the purchase of state-of-the-art equipment and instruments throughout the clinic. Within a year, with financial and in-kind assistance from of a number ophthalmic related companies, the new clinic was completed and in full operation. One of the highlights of the renovations was the new, centrally located and modern designed optical dispensary. It had replaced three small, widely separated dispensaries located in three separated primary/specialty care clinics. The newly renovated and equipped clinic and “Summa cum Laude” dispensary (as noted on the cover of the December, 1990 issue of Eyecare Business) paid off immediately, not only financially by an upsurge in number of patients, a more realistic fee structure and a much higher utilization of our optical dispensary, but there was a significant improvement in student, staff and faculty morale. We were the first optometry school to emphasize the value of having a state-of-the-art dispensary and other schools followed our lead, many calling on our experience to assist them along the way.

Although our students received the finest pedagogic pharmaceutical instruction from one of the most renowned and respected optometric educators in the nation, Dr. Jimmy Bartlett, we were unable to give our students the practical, hands-on experience in the use of therapeutic pharmaceutical agents (TPAs). Being in a state that had not yet passed a TPA law (passed in 1995), the UAB School of Optometry could not legally treat eye diseases and thereby provide our students with the training which would allow them to gain the required TPA documented experience. With the realization that we had this serious gap in our clinical education program, Dr. John Amos, the Director of our Residency Program and I, put our heads together to plan for an Externship Program that would allow our students the opportunity to acquire experience in the use of therapeutic pharmaceutical agents. With this need as the impetus, the Externship Program began in the Spring Quarter of the 1988-89 academic year with the assignment of seven students from the 4<sup>th</sup> year class. Dr. James Beisel, a young faculty member, was appointed as Director of the Program. Dr. Beisel left the school in 1991 and I placed the program under the administration of the clinic, so I became the

Externship Program Director, while still maintaining my position as the Assistant Dean for Clinical Services. It was impossible to send more students since a modification of the curriculum had taken place at the beginning of the academic year and it had not provided for the possibility of an Externship Program. It was therefore necessary to keep most of the 4<sup>th</sup> year students on campus in order to adequately staff all of our school-based clinics as well as our clinic in the Birmingham Veterans Administration Medical Center. Although full implementation of the program, when all senior students would go on externships, was not designed to take place until the current entering first year class would be seniors, it quickly became apparent that many of our current students would never receive the externship experience, which would create a severe morale problem for some students. By modifying the 4<sup>th</sup> year curriculum, we were able to send half of the class on externships in the 1990-91 academic year and all the students by the 1991-92 academic year, with five 4<sup>th</sup> year clinical sessions and seven week externship rotations for every student. Two years later we were able to return to the regular four-quarter curriculum. In the 1997-98 academic year, a full ten week Summer Quarter was created and it allowed for a second externship rotation for all students.

Dr. Alden Norman Haffner, the President of the State University of New York (SUNY) School of Optometry, had directed his Vice President for Clinical Affairs, Joan Camera, to organize a meeting of the Clinic Directors of all the schools and colleges of Optometry, to be held at the 1989 AAO meeting in New Orleans. Unfortunately, the scheduled meeting was cancelled at the last minute due to the unexpected departure of Joan Camera from the school. However, Dr. Weylin Eng, then the Assistant Dean for Clinical Services at the University of California School of Optometry, Berkeley and I, then the Assistant Dean for Clinical Services at the University of Alabama at Birmingham, School of Optometry, got together during the Academy Meeting and discussed the possibility of forming a national organization of clinic directors of all the Schools and Colleges of Optometry in the United States and Canada. It was our concurrent opinion that many benefits could be derived by a sharing of knowledge and experiences. A few of the subject areas that came to mind were clinical grading, use of computers, scheduling, faculty assignments, marketing, quality assurance and utilization review. After exploring the feasibility of establishing such an organization, we decided to proceed with organizing such a group. The organization was named the Association of Clinic Directors and Administrators of Schools and Colleges of Optometry (ACDASCO). The first workshop was held in 1991 with Illinois College of Optometry as the host institution. In 1995, ACDASCO joined ASCO as the first ASCO SIG and it was no longer an autonomous organization. Over the next 18 years, as the ASCO Senior Consultant, I continued to raise the funds from the ophthalmic industry for our workshops as well as coordinate all aspects of the workshops, except the educational programs, which were the responsibility of the host institution. I retired from this position in December 2013. The complete story of ACDASCO and its transition to becoming the first ASCO SIG is described in a non-published paper that I wrote in 2014 titled "The History of the Association of Clinic Directors & Administrators of Schools and Colleges of Optometry."

**The Profession 1979-1993** – The phenomenal changes that occurred in Optometry during the previous time frame of the late sixties through the seventies were dwarfed by what would take place over the next 14 years. All the states had passed TPA legislation and schools responded with expanded curricula and an increase in program years. At first it was five and six year programs at the schools of optometry, which included a year or two of pre-optometry courses. Then schools converted to a four year professional program, limited to professional didactic courses, laboratories and clinical training. All schools required pre-requisites similar to pre-med course work and, before long, an applicant without at least 3 years of pre-optometry would not even be considered. As applicant pools increased and competition for available openings became more and more competitive, most applicants to the schools of optometry already had a B.S. degree. Residencies began at the schools in primary care and in a number of specialty areas such as contact lenses, pediatric care and low vision. Optometric Referral Centers, VAMCs, Indian Health Service and Military Hospitals added residency programs through contracts and memorandum of agreement/understanding (MOAs and MOUs). Many of these same institutions also helped in the training of senior students through externship affiliations.

In the early eighties, Dr. William Cuthbertson, of Cornelia, Georgia wanted to establish a network of referral systems for optometrists so that they could refer patients to ophthalmologists who were friendly to optometry. These centers would focus on surgical care and disease management, and would provide services that would not compete with organized optometry. In this way, an O.D. could feel comfortable in referring a patient to an ophthalmologist since he knew that the patient would return to his office for all services which were normally provided in his office. Dr. Cuthbertson met with the Visual Education Foundation (VEF), an academic group at the Southern College of Optometry, about setting up a referral clinic which was controlled by optometrists and staffed with ophthalmologists. The VEF agreed and the first optometric referral center was established in Atlanta in 1982, followed by centers in Chattanooga and Lexington, Kentucky. Optometrists, who had completed residencies which had a heavy emphasis on ocular diseases, such as Bascom-Palmer in Miami, Florida, were hired to head these centers. Eventually, Omni Eye Services bought the VEF group.

Establishment of an optometric referral center in Alabama began with a meeting of interested optometrists in Birmingham, in March of 1984. It took four years of study and back and forth negotiations before a decision was finally made as to which management group would be selected to operate the Birmingham center. In July of 1998, Omega Health Systems out of Dallas was selected over Occusystems (Houston) and VisionAmerica (Nashville). The referral center opened in July of 1989. In 1990, Omega acquired Occusystems and VisionAmerica. Dr. Jim Marbourg has been the guiding force of the group from its very beginning.

In 1986, with the change in the Medicare Law, which now allowed optometrists to be reimbursed for the treatment of eye diseases, dependent on their level of training, pharmaceutical certification, state licensure requirements and state law, the profession experienced an image metamorphosis, from a refraction/ spectacle/contact lens profession to a total eye care profession. Refraction and contact lenses were no longer the center of attraction for those considering optometry and even for the students currently in optometry schools. Learning about pharmaceutical agents and the diagnosis, treatment and management of eye diseases was foremost on their minds.

Since ocular diseases were most prevalent in the 65 and over population, few optometrists retained their 65 and over patients. Most patients could be legally identified as requiring a “medically necessitated visit” (developing cataracts, dry eye problems, early macular degeneration etc), so they were covered by Medicare, except for the low refraction fee of \$6. In all probability, with the 1986 change in Medicare regarding payment guidelines for Optometric services, the profession was saved from possible extinction. Eventually, despite heated opposition from ophthalmology and the medical profession as a whole, almost all third party providers (insurance companies, state and federal government agencies, industry run health programs etc.) followed the Medicare lead. More progressive ophthalmologists recognized the value of optometrists, from being a huge referral source for cataract surgery and other eye conditions requiring tertiary care, to providing primary and secondary eye care services thereby giving them more time for more lucrative cataract and refractive surgery. Many began to employ or even partner with optometrists and turned over most of their primary and secondary eye care to the optometrist. A number of ophthalmology practices partnered with schools of optometry by participating in their externship programs. Many of the optometric referral centers had ophthalmologists on their staff, performing cataract and other surgical procedures. Although modifying refractive error with surgical procedures began as early as the mid-seventies it wasn't until the advent of refractive lasers that refractive surgery came into its own. With increasing success rates, minimal risks, explosive publicity and excessive advertising, both optometrists and ophthalmologists became part of the refractive surgery scene. Laser Centers, owned by ophthalmologists, optometrists or corporations started popping up throughout the country. With the fear of potential loss of patients, especially contact lens patients, many optometrists felt compelled to be involved, in one way or another with the emerging laser centers in order to save their patient base.

Another significant role that optometry played on the national health care scene was the appointment of an optometrist to a leading position within the FDA. Dr. Richard Lippman, whom I had originally brought into the Public Health Service in 1974 to serve at the Public Health Hospital in Staten Island, New York, transferred briefly to the Indian Health Service in 1983 when the Public Health Hospitals closed and then to the FDA in 1984. From 1984 to 1986, he was the Chief of the Contact Lens Branch in the same Division. After many years of senior management experience with FDA's Division of Ophthalmic Devices, Office of

Device Evaluation (ODE), Center for Devices and Radiological Health (CDRH), he was named in 1986 the Director of this Division, responsible for managing the review of 510(k)s, IDEs, PMAs, and reclassification petitions for ophthalmic devices. This included developing strategic approaches to device review, designing and implementing policy on new products, and managing the related Advisory Panel. He served in this position until 1993.

Three new schools of optometry came into existence during the 1980-1993 time frame; the University of Missouri St. Louis in 1980, the Inter American University of Puerto Rico in 1981 and the Southeastern University of the Health Sciences (North Miami Beach, Florida) College of Optometry in 1989. In 1994, Southeastern merged with Nova and it became Nova Southeastern University College of Optometry in Ft. Lauderdale, Florida.

During these years, the Vision Care Section played a major roll in the American Public Health Association. The Section, although experiencing extreme disparity in membership numbers over the years, with highs of over 800 and lows under 250 (depending on whether or not there were national issues that affected the profession), maintained a highly respected presence and on-going visibility within the APHA. Over the years the section held Honorary Position of Vice President for the USA (Dr. Lester Caplan), a multi-year Treasurer and a President (Dr. Melvin Shipp) and a Chairman of the Executive Board (Dr. Edwin Marshall). Many other members of the section have chaired key APHA Committees and been actively involved in other APHA proceedings. The Section also introduced and received APHA Governing Council approval of many key resolutions to safeguard the eye and visual health of the general public. Two very influential resolutions were the 1980 resolution which urged elimination of restrictive Medicare policies pertaining to reimbursement for optometric services and the 1990 resolution urging state legislatures to update their optometric practice acts to permit optometrists the use of therapeutic pharmaceutical agents. The 1990 resolution was bitterly fought by ophthalmology and in the 1991 APHA meeting in Atlanta, ophthalmology introduced a resolution to overturn the 1990 resolution. The resolution was overwhelmingly defeated by the Governing Council, with only one vote recorded for rescinding the resolution.

## **Chapter 5 – The Part-Time UAB and Consultant Years 1993-2013 – Director and Consultant for the Externship Program and Consultant for the ASCO Clinic Director’s Special Interest Group (ASCO CD/A SIG)**

In early 1993, Arlene’s youngest daughter, Harriet, was diagnosed with a rare form of Cancer, Adrenal, which had and still has an extremely poor prognosis. Arlene immediately returned to Baltimore to be with her daughter and to give her the love and support to help her get through months of intense chemo-therapy and surgery. We established a second home in the Baltimore area and I would fly up two or three times a month to lend my support. I decided that by the end of the year it would be time to retire so that I could devote more time to family and not compromise the school’s clinical program. However, I did not feel ready to cut off

all my ties with the school and optometric education, since I was only 69<sup>3</sup>/<sub>4</sub> years old and still in good health. I therefore made a proposal to Dean Wild, that since I would like to continue my role as Director of the Externship Program, asking what he would think about my working part-time from an office at the school and an office in my home in Baltimore. Although working from home in 1993 was not very common, I advised him that the only way my plan would work was if the school was willing to equip a home office for me which would require the purchase of a computer, printer, copier/fax and an internet connection. We had an excellent externship program and Dr. Wild liked the idea of my continuing as its Director, so he agreed to equip my home office. As a side note, the copier/fax (no printer or scanner) machine, was twice as large and three times as heavy as today's 4-in-1 (printer/copier/scanner) and it cost \$2300. There was no high speed internet, email was still in its infancy and not the major communication tool in 1993, so working from a home office was not nearly as easy or efficient as it is today. Therefore, I was still spending the majority of my time in Birmingham, especially after my step-daughter died in March of 1994. With my school responsibilities limited to the Externship Program, I was able to devote an extensive amount of time to evaluating our off-campus sites. During the years 1994-2000, I visited well over a hundred of our externship sites throughout Alabama, in all the southeastern states and in other areas of the country. I decided to retire again at the end of 2000 and asked Dr. John Classé to take over as the Director of the Program. He agreed to do so, but only if I would stay on as a consultant to the program and perform all of the site visits. Dr. Classé retired ten years later and I was still doing the site visits under the Program's new Director, Dr. Leo Semes. Fortunately for me, Dr. Arol Augsburg (who followed Dr. Wild as Dean in 1994) and Dr. John Amos (who followed Dr. Augsburg as Dean in 2000) were very supportive and both asked me to stay with the program. When Dr. Rod Nowakowski became the Dean in 2010, I continued my role as consultant, but due to severe budget constraints, my externship site visits were reduced to a trickle. I finally retired in December of 2013.

In 1998, I was the recipient of the Carel C. Koch Memorial Award and the Life Fellowship Award presented by the American Academy of Optometry and served as Vice President, USA, for the American Public Health Association in 1997-98, an honorary position. The Association of Optometric Contact Lens Educator's first Lifetime Achievement Award was presented to me in 2009 and in 2011, I received the James A. Boucher Award of Excellence from the National Academy of Practice in Optometry. My entire family shared with me the thrill of being inducted into the National Optometry Hall of Fame in 2011 at the annual meeting of the American Optometric Association in Salt Lake City, Utah. I continued my role as Senior Consultant for ASCO and to administrate all phases of the Clinic Directors/Administrators SIG activities until I retired at the end of 2013. The only annual workshop which did not take place was the one scheduled in Forest Grove, Oregon, in late September, 2001, less than 3 weeks after the World Trade Center tragedy. In 2014, in Glendale, Arizona, at the first workshop after my retirement, the SIG named a lecture in my name to be held yearly at its workshops. At the 2015 SIG's Workshop in San Antonio, Texas, I had the privilege of introducing the first

Dr. Lester Caplan Lecture Awardee, Dr. Glenn Hammack, who was the last President of ACDASCO and the first Chair of the new ASCO Clinic Directors SIG. In 2015, in New Orleans, I was the second recipient (Dr. Norman Haffner was the first in 2014) of the Henry B. Peters Memorial Award presented by the Public Health & Environmental Vision Section of the American Academy of Optometry.

**The Profession 1994–2013**—Changes in the optometry during these years were not nearly as dramatic as those which had occurred over the previous 45 years, but there were still some major transformations. The number of women going into the profession grew substantially. When I was in optometry school, there were 3 women in my class and over 250 men. By the late nineties, women had outnumbered men in many of the schools of optometry and within another generation or two, there will be more female optometrists than male. The introduction of new high tech, sophisticated diagnostic instruments, which started back in the seventies with the auto-refractors and programmed perimeters continued at a rapid pace. Retinal imaging and corneal topography instruments became the latest tools for improved diagnosis, treatment and management of ocular anomalies. The solo practice mode, the keystone of the practice of optometry when I started in 1950 was gradually fading from the scene. The cost of furnishing, equipping and running a solo practice had become so astronomical that it was no longer feasible to be a solo practitioner. Many private practices were purchased by ophthalmology and optometry group practices, referral centers and multi-disciplinary practices. Optometry school graduates now had multitude choices of employment, very few of which were available in the earlier days. A good percentage of graduates choose to pursue a one-year residency for post-graduate work in primary and specialty areas in optometry. This placed them in a much more favorable position for employment in optometric education, or for positions in the V.A. and Referral Centers. The Veterans Administration, the Military, and the Indian Health Service offered career oriented opportunities, with good pay and excellent fringe benefits. Commercial entities offered high paying positions and opportunities to work part-time, especially for the many whose priorities, while they are still young, were raising a family.

In 1994, the AOA published the first series of Optometric Clinical Practice Guidelines (OCPGs). They combined the best available current scientific evidence and research with expert clinical opinion to recommend appropriate steps in the diagnosis, management, and treatment of patients with various eye and vision conditions. A total of 20 OCPGs were published over the next couple of years. Dr. John Amos, as Chair of the Clinical Guidelines Coordinating Committee was the guiding force behind this major endeavor. Review with revisions are continuous.

Four new schools of optometry opened their doors in the twenty-first century: Western University of Health Sciences School of Optometry, Midwestern University of Health Sciences College of Optometry, University of the Incarnate Word Rosenberg School of Optometry (UIWRSO) in 2010, and the Massachusetts College of Pharmacy and Health Sciences College of Optometry Midwestern University will be opening a College of Optometry at its Downers Grove campus in

---

## The RLI (Replacement Lens, Inc.) Story

### **Irving Bennett, O.D.**

Drive, #5551 Dunrobin 4208  
Sarasota, FL 34238  
[irvbennett23@gmail.com](mailto:irvbennett23@gmail.com)

### **Floyd D. Mizener, O.D.**

8613 Evergreen Lane  
Darien, IL 60561  
[floydmizener@comcast.net](mailto:floydmizener@comcast.net)

**T**he idea of putting "lenses" on the corneas of human eyes to improve vision dates back to the days of Leonardo de Vinci. Over the next many decades, several efforts were made to develop and produce lenses to fill the mission. It was not until the late 1940s that contact lenses, made from polymethyl methacrylate (PMMA), were produced to provide both safe and comfortable wear. Both eye professionals and consumers were ready and eager to try this product.

Like we, most optometrists began adding contact lens fittings to our practices. World War II had ended and many of the optometrists who had graduated in the early 1940s were returning to civilian life and, for the most part, opening private practices. They were excited to encompass a new product for their patients and for their bottom lines. Contact lenses were considered then a "big ticket" item, much like dentures were to dentistry.

Many of our colleagues had gone through the difficult experiences in fitting scleral lenses. They welcomed the Tuohy corneal lenses and other micro lenses. Not only were these smaller contact lenses easier to fit but also they provided greater patient satisfaction. But the lenses were small and they occasional fell off the cornea and were lost.

The dilemma that faced the eye care professionals was a business one. Contact lenses themselves, as they came from the manufacturing laboratories, were not really expensive. Some lenses needed a little in-office modification to provide better comfort. All the lenses seemed to require a long and drawn out fitting procedure. What does one charge the patient for the fitting and for the materials?

It was no problem to set a bundled fee that included the eye examination, the contact lens fitting fee, and a pair of contact lenses. The predicament was what to charge for a lost lens that did not require another examination or another contact lens fitting. Some doctors just charged half the original fee for a lost lens; others made the charge smaller but not significantly so

---

## Enter Jerry Stephens

Jerry Stephens was a near-sighted 18 year old living in Peoria, Illinois. His hopes for becoming an Air Force pilot were nixed because of his poor vision. He reluctantly made the decision to follow his family in the insurance business. His father and two uncles were insurance agents.

Jerry tells what happened: "I did some research and found the University of Wisconsin was among the top undergraduate insurance and risk management schools in the country (and still is). As the Korean War was raging, I became an ROTC 2nd Lt. in the infantry upon graduation. After spending close to two years in Korea I joined my father in the insurance agency business. I also became a private pilot.

"Still upset about wearing glasses, I visited my optometrist, Dr. Jerry Conlogue, in 1958 and he fit me with contact lenses. Thinking that I would like to insure my valuable lenses, I looked but could not find an insurance company to insure them. I decided to propose an "insurance plan" to Dr. Conlogue for his patients. He turned me down, saying it just would not work. I kept going back to him with idea after idea and he kept rejecting them. In the process, I made sure that Dr. Conlogue became knowledgeable about the insurance business and at the same time, I was learning a little about the contact lens industry as it existed then. Three years later we jointly decided to test the waters and we borrowed \$1,000 for the adventure."

## Replacement Lens, Inc. Created

Stephens continues, recalling: "In 1961, Dr. Conlogue and I formed an insurance agency named "Replacement Lens, Inc." We first offered Dr. Conlogue's patients a proposal to buy insurance coverage for their contacts. Over time we provided similar opportunities to the doctors who used Conlogue's small (ProCon) contact lens laboratory for the lenses they dispensed to their patients. Conlogue's lab serviced about 30 optometrists and they became important supporters of the new venture. By 1965 we had the insurance product perfected and felt the need for our own insurance company. We had been agents of West Bend Mutual up until this time.

"We incorporated a Holding company and named it 'Replacement Lens Investment Company.' It later became known as RLI Corp. Jerry Conlogue and I sold stock to 32 people, most of whom were optometrists and friends. On that list were many of the 'Who's Who' in the Illinois Optometric Association leadership, the president and vice president of the Illinois College of Optometry, and others in private practice. We formed a talented Board of Directors: Gene Strawn, O.D., Don Frantz, O.D., Steve Gard, O.D., Jerry Conlogue, O.D., Warren Kreft, M.D., Evelyn Corell, Optician, and Jerry Stephens.

"We raised about \$300,000, acquired a dormant small insurance company for \$100,000 and spent the other \$200,000 on a nationwide marketing effort. We placed full page ads in national consumer magazines, like *Life*, *McCalls*, and *Seventeen*. However, we did not include our phone number or address; instead we referred patients to their contact lens professionals. We also mailed an application dispenser and tear sheet to every contact lens fitter in the nation.

---

"Having done this, we had little funds left at year end. Fortunately the ad campaign worked. We produced only \$100,000 in premiums in 1965; that number grew to \$600,000 the next year and doubled year after year for many years."

## **The Company Grew and Grew**

In 1969, RLI went public to raise money to convert its mutual insurance company to a stock company and increase its surplus to gain admittance to other states. The laws had changed allowing states to require direct mail insurance companies such as RLI to be admitted. However, RLI did not have enough capital for admittance.

In 1972 soft contact lenses were approved by the FDA and our stock price went from \$8 a share to \$38 a share overnight! And the company soared. As noted by Chairman Stephens, "the original \$1000 of borrowed capital had by 2006 blossomed into a market cap in excess of \$1.2 billion and now exceeds \$3 billion."

## **Running the Company**

It took a lot of effort to start and run an insurance company. Internally RLI had a dedicated, hardworking team of employees. To pique their interest and enthusiasm and dedication, CEO Stephens began a program in April 1990 called "Message of the Week." These messages had a unique beginning. Stephens was addicted to running and, in order to make his morning exercise more interesting, he always listened to tapes of motivational talks. This led to a collection of a substantial library of books and tapes. When he returned from a run, he would jot down a few notes and store them.

As Stephens remembers "On Saturday, I composed a short "Message of the Week" essay about current issues at RLI, borrowing from my notes for help. Monday morning each employee of RLI found the essay at his or her work station. I did miss a few weeks each year and when I was traveling, my executive assistant was known to repeat past messages. Of course, some themes were repeated several times in different ways. The theory was to tell it, tell it again, tell it a different way, and then repeat it."

No doubt about it, the Messages had a good impact. It led to a distinct RLI culture. A book of the essays was published in 2007 and in his introduction, Mr. Stephens noted: "Key values were repeated many times over the years for the benefit of new employees and to drive home our unwavering concern about ethical behavior and the value of serving our customer in an outstanding manner."

On its way to a \$3 Billion property and casualty company, RLI had many ups and downs. Replacement Lens, Inc. became RLI Vision Corp. providing practice management software and other products to the profession. It had a great sales force but contact lens prices had declined to the point where insurance was not necessary.

Over time the demand for contact lens insurance shrank with the emergence of more affordable disposable soft contact lenses. In order to remain in business, in the early 1980's Stephens expanded RLI's offerings to include specialty lines of commercial property and liability insurance. In 1994, the company retired its founding contact lens insurance product and in 1996, RLI merged its RLI Vision subsidiary with Maui Jim, a manufacturer of luxury sunglasses.

---

Maui Jim (now 44% owned by RLI) has been successful expanding worldwide providing plano and prescription quality sun glasses.

Beginning in 1972, the company started an employee stock ownership program which continues today. Every single RLI employee is a stockholder. Due to the success of the company, RLI has a wealthy staff.

In summary, RLI was made possible by its outstanding original professional founders and Board. They were willing to risk not only money, but reputation. People in the insurance industry said it could not be done. Too small of a premium and too many government regulations. But as Stephens aptly put it: "Our founders were brave enough to invest in a little company with a big idea." The reward was substantial. Their stock has a \$.02 basis and at this writing is trading on the NYSE at \$68.

---

## Remembering and Furthering the Vision of an Optometric Trailblazer, Alden N. Haffner, O.D., Ph.D. (1928 – 2016)

Andrea P. Thau, O.D.  
President of the American Optometric Association  
[APThau@aoa.org](mailto:APThau@aoa.org)

**A**s a man dedicated to paying respect to the past, connecting people in the present and setting a vision for the future of optometry, health care, and public health, Dr. Alden N. Haffner, who was called Norman by his friends, was truly a giant and unflagging advocate for the profession. It was with great sadness that we noted his passing on June 22, 2016, but it is with hope that we look towards a future where doctors of optometry build on the foundation that he established.

Dr. Haffner was a man with high expectations for his colleagues and profession and I had the privilege to know him and call him my mentor. I remember clearly walking into his office on the day that I interviewed for admission to SUNY Optometry. When I entered his office, a male colleague made a comment about my appearance. Dr. Haffner immediately stopped him and said, “never mind how she looks. It’s her brain and drive that should impress you. She will be a great optometrist.” High expectations from a legend in optometry and someone optometry will never cease to celebrate and recognize.

A fellow New Yorker, Dr. Haffner graduated with his Doctor of Optometry degree from the Pennsylvania College of Optometry (PCO) in 1952, eventually receiving an MPA and Ph.D. from New York University (NYU). He constructed and taught the first formal, semester-long course in public health in academic optometry at PCO in 1966, before becoming the founding president of my alma mater, the State University of New York (SUNY) College of Optometry in 1971. He was appointed Vice Chancellor of Health Sciences of the entire SUNY system, which included overseeing medical schools, but returned as the President of SUNY Optometry in 1988, serving in that capacity until his retirement in 2005.

Even before I met Dr. Haffner, I knew of his dedication to understanding, memorializing and gleaning insights from the past. A friend of my father’s, he was a titan in the world of optometry. His memory was second to none. He used his incredible knowledge of the profession and the history of medicine daily, applying it to the establishment of the SUNY College of Optometry and using it to further the knowledge of his students and the profession of optometry as a whole.

While keeping an eye on the past, he made sure that the professionals and students around him advanced. He was a networker as well as an instigator. Each conversation and encounter was more than just an engagement – he inspired those around him to think, challenge and learn from each other. You were never just “on the phone” with him. You were likely on speakerphone so that your conversation with him could further inform others. And the quickest route to his respect wasn’t deference but to push back. The first time I pushed back as a colleague I was unsure of what his reaction would be, but knowing I was right, I pressed the issue. To my surprise, instead of chastising me, he smiled.

---

Across his numerous leadership roles, whether it was President of the Association of Schools and Colleges of Optometry (ASCO) or President at SUNY, Dr. Haffner never let pass an opportunity to connect professionals and propel our discipline.

The unifying theme that runs through Dr. Haffner's career is his impact and ability to be a catalyst for change. As an Army veteran, Dr. Haffner championed a number of public health issues across his career and served extensively on the U.S. Department of Veterans Affairs' (VA) top-level health care advisory panel, the VA Special Medical Advisory Group (SMAG).

Appointed to the panel by President Ronald Reagan in 1987, Dr. Haffner helped spur important initiatives to advance health care for veterans, including an effort to expand access to eye and vision care in the VA system. As a panel member, Dr. Haffner recommended that the VA conduct a comprehensive inventory of its eye care resources that would ultimately document unacceptable waiting times and deficiencies in staffing levels at VA clinics. His subsequent report led to improved optometry staffing and increased numbers of optometry residency positions at VA medical centers. Dr. Haffner served on the VA SMAG for 25 years, the longest anyone ever served.

He not only changed the face of VA care, Dr. Haffner brought the optometry profession to the tipping point and carried us over. The architect of the LaGuardia meeting, Dr. Haffner convened a group of nearly two dozen optometric educators and researchers at LaGuardia airport in New York in 1968 to discuss the imbalance between optometrists' scope of responsibility and educational requirements. Historically a drugless profession, optometry was put on a path toward the medical model with an agreed-upon need for scope expansion through bolstered academic curriculum and heightened state and federal advocacy.

A former president of the New York State Optometric Association (NYSOA) who served on numerous AOA committees, Dr. Haffner was awarded the AOA Distinguished Service Award, the Eminent Service Award from the American Academy of Optometry (AAO) and was inducted into the National Optometry Hall of Fame in 2000.

Dr. Haffner earned these honors because he knew the true meaning of the phrase "Better Together" and it was his vision that set the future of optometry. He helped advance our profession into the diagnosis and treatment of disease, won the right for optometrists to be recognized as commissioned officers and created residencies for optometry.

As I have set the path for my career, I have always held my actions and direction to the standards of two incredibly important people in my life – my father and Dr. Haffner. His vision created a lasting imprint on our profession across the nation. He was my mentor, colleague, friend and inspiration, and he will be greatly missed. But I know that I and my fellow doctors of optometry will continue his efforts and bring to life a better future for the profession and our patients.

---

## **Book Review: History of the American Academy of Optometry 1987-2010**

**History of the American Academy of Optometry 1987-2010. Robert D. Newcomb and Mark Eger. American Academy of Optometry, 2012. No ISBN. 246 pages. Softcover, \$25.**

**David A. Goss, O.D., Ph.D.**

School of Optometry  
Indiana University  
Bloomington, IN 47405  
[dgoss@indiana.edu](mailto:dgoss@indiana.edu)

**T**his book continues James Gregg's book *History of the American Academy of Optometry 1922-1986*. It discusses the organizational activities, annual meetings, and leaders of the American Academy of Optometry over the time span indicated in the title, while touching on some aspects of previous years to provide context.

Among the items discussed is the start of research workshops or Summer Research Institutes in 1988. In 1991-92, the Academy budget first exceeded one million dollars and it was over three million dollars by 2002. International Academy meetings were started in 1992. Also in 1992, the American Optometric Foundation became affiliated with the Academy and transferred its governance to the Academy. Joan Exford was the first woman AAO president in 1993-94.

In the 1990s, efforts to recruit new members were initiated. Previously, such efforts were thought inappropriate; it was necessary for prospective members to request a membership application or be recommended by a current Fellow. In 2007, the time of the annual meeting switched to October. For many years, the meeting had been in December because that traditionally had been a slow time in most optometrists' offices.

In addition to the narrative on events and landmarks in the history of the Academy such as the above, the book is illustrated with black-and-white photographs and it contains appendices with lists of Academy presidents and board members, American Optometric Foundation presidents, annual meeting dates and locations, award recipients, active chapters, and 2009 committee structure.

The book includes an introduction by Mark W. Eger, president of the Academy in 2009 and 2010. The author, Robert D. Newcomb, is an OHS member and was secretary-treasurer of the American Academy of Optometry in 1997-98, president of the AAO in 2001 and 2002, and recipient of the AAO Eminent Service Award in 2006.



## 2017 Membership Application

*Our members support the enrichment of the scholarship in optometry history and the preservation of and access to the archival and museum collections that make this research possible. It is because of the vital support provided by the American Optometric Association and Optometry Cares® - The AOA Foundation that the Archives and Museum of Optometry can maintain collections that have taken more than a century to build. It is because of the support of members of the OHS that these materials remain viable resources for the education of future generations.*

### Yes! I want to join the Optometric Historical Society!

- Free**      **AOSA student members /residents** (includes subscription to online issues of *Hindsight*)
- \$35.00**    **Regular Membership** (includes subscription to online issues of *Hindsight*)
- \$60.00**    **Sustaining Membership** (includes subscription to online and print issues of *Hindsight*)
- NA**        **I am a Lifetime Member** and I will access *Hindsight* **online**
- \$25.00**    **I am a Lifetime Member** and I want a **print** copy of *Hindsight*
- \$500.00**   **Scholars Membership** (includes all benefits of Sustaining Membership plus annual recognition in *HINDSIGHT*, Optometry Cares® – The AOA Foundation’s annual report and website, and invitation to an exclusive donor’s reception at Optometry’s Meeting®)

\$ \_\_\_\_\_ Additional donation to support The Archives & Museum of Optometry

**TOTAL:** \$ \_\_\_\_\_

**ALL MEMBERSHIP DUES ARE TAX DEDUCTIBLE**

Title:	First Name:	Last Name:	Suffix:
Company/School/Practice:			
Address:			
City	State:	Zip:	
Email:			
Recognition/Print Name:			

<b>Payment Method</b>	
<input type="checkbox"/> A check is enclosed	<input type="checkbox"/> Paid Online at <a href="http://www.aoafoundation.org">www.aoafoundation.org</a>
<input type="checkbox"/> Charge my credit card for the amount indicated above.	

Credit Card Number:	Expiration Date:
Card Type: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	
Name on Card:	3- or 4-Digit Code:
Signature:	Date: