As I write my last column as your AFOS President, I must say that I am humbled by the trust you have placed in me to lead this great organization. One year ago, I was wondering what I would say to you at my inauguration speech, and already the time has come to pass the baton to our new President elect—Keith Cespon. I am privileged to have served our professional society as your president and thank you for the opportunity. By the time this newsletter reaches you, you would have already celebrated the holidays, made your New Year resolutions and be looking ahead to a challenging and rewarding 2011. Whatever resolutions you have made for yourself; as well as your family, I hope and pray you will find some unique way of keeping them. Time goes by quickly and we mature rapidly; even quicker as you reach the bifocal years. Although I have not fully experienced this type of aging process just yet, I remain certain it is relative to time. Once again, it is an honor to have served as the AFOS president. I would like to wish everyone a safe, prosperous and especially a healthy 2011, for without health being at an optimum—nothing is possible.

Membership
Year 2011 comes with an increase for your AOA membership. I urge everyone to maintain your valuable membership. Encourage your colleagues to join the AFOS; we are only a few members short of being the 12th largest AOA affiliate. United we stand, divided we fall! As you recall, over the past several months, our VA members faced a difficult time when the mode of practice they enjoyed over the years became threatened. The AOA remained very supportive, without them all new initiatives and implementation plans for 2011 would not have been possible. Additionally, the AOA supported us when the President signed into law, House Resolution 4360 allowing the Department of Veterans Affairs Blind rehabilitation Center at Long Beach Medical Center to be named “Major Charles Robert Soltes, Jr., O.D. Department of Veterans Affair Blind Rehabilitation Center.”

IMPORTANT READ
Please take the Membership Mandated Survey on the AFOS Home Page regarding the best venue for our Annual Business Meeting and go to page 10 to read the proposed “Constitutional Change”
This year’s annual NAVAIO dinner again provided an opportunity for VA optometrists to meet socially and professionally with, not only other VA field optometrists, but also many influential professionals within optometry. Representatives from many of optometry’s key professional organizations were in attendance at this year’s dinner. Speakers for the evening included, Dr. Rajiv Jain, M.D. (VA Acting Chief Consultant for Specialty Care Services), Dr. Randy Brooks (Immediate Past President of the American Optometric Association), and long-time friend of NAVAIO, Dr. Norman Haffner.

Nearly a hundred VA optometrists and NAVAIO’s invited, honored guests attended this year’s dinner. The highlight of the evening for attendees was the dinner’s keynote speaker, Dr. Jain, who spoke on “Specialty Care Update.” Dr. Jain is an exceptionally talented speaker and he was able to share with the dinner attendees, detailed information on issues related to VA Optometry and changes each VA Optometrist should expect to see implemented within VA medical facilities in the near future.

The evening’s dinner events were kicked off by NAVAIO’s President, Dr. Brian Kawasaki. Dr. Kawasaki offered a warm note of welcome to all of the members in attendance, and our guests, in his opening comments. He set the tone for the evening, by mentioning that for the first time, VA Optometry had provided care to over one million unique veterans nationwide in a single year. He thanked VA optometrists for all of the wonderful work they do in serving our nation’s veterans and also acknowledged Dr. John Townsend, Director of the VA Optometry Service, for his leadership as VA Optometry achieved this significant milestone. Dr. Kawasaki introduced the other NAVAIO Board Members who were in attendance at this year’s dinner, who were Dr. David Storer (Vice-President), Dr. Janel Chou (Secretary), Dr. Makesha Sink (Treasurer), Dr. Gay Tokumaru (Immediate Past President), Dr. Katherine Wang (Membership Director), Dr. Minna Huang (Director of Events), and Dr. Brett Zwolensky (Director of Technology). He thanked all of the Board Members and also our Committee Members for all of their outstanding service to the organization. Dr. Kawasaki proceeded with the events agenda for the dinner by introducing each of the evening’s speakers to the dinner attendees. He first introduced Dr. Brooks and welcomed the guests from the AOA. He thanked the AOA for representing the interests of VA Optometry, especially with recent issues, and expressed sincere appreciation for their continued support.

Dr. Brooks’ comments were directed at VA Optometry, from the view of the Optometry profession, in general. He stressed the significance of the VA’s emphasis on its new approach to VA Optometry’s delivery of care to our nation’s veterans. He noted the level of competence demonstrated by VA Optometrists in the area of medical optometry, which sets the pace for our profession in the areas of professional competence and practicing within the full scope of individual state licensures. He also recognized the VA’s efforts in the areas of patient care, through the VA’s emphasis on team-approach health care for our nation’s veterans.

Dr. Haffner then addressed the attendees, announcing that Dr. Robert Jesse, VA Principal Deputy Under Secretary for Health, had accepted an appointment to the first Patient-Centered Outcomes Research Institute’s Board of Governors. The Board identifies comparative effectiveness research priorities and establishes a national research agenda. Dr. Haffner’s comments to the attendees were warmly received by the dinner attendees, as they always have been in the past.

(Continued on page 12)
Ø Our Newest Squadron Commander! Congratulations to Lt Col Scott McKim who was matched to command the 87 MDSS at McGuire AFB. We currently have three group commanders, one deputy group commander and three squadron commanders.

Ø Health Professions Loan Repayment Program: We have received 12 ADHPLRP quotas for FY11 and our retention bonus is now $6,000 per year. I highly recommend taking advantage of these offers if you qualify.

Ø FY11 HPSP Scholarships: For the first time we are offering (15) 3 year scholarships in addition to (5) 1 year and (24) 2 year.

Ø Congratulations to Oscar and Kenley Corredor on the birth of their first child, Calvert. He was born 3 Nov 2010 at 0619hrs, his weight was 6lbs 12 oz and measured 20 inches long. Both mom and Calvert are doing great.

Ø Retirements: Congratulation to Col Mike Johnson and Lt Col Sheri Maxwell on their retirement from AD. We wish them all the best as they begin their second careers. Thank you for your service to the AF and the profession of optometry!

Ø Your Next Consultant: I am very pleased to announce that effective March 30th, the AF/SG has selected Lt Col Michelle Aaron to be the next Chief Consultant to for Optometry and Associate Chief BSC Corps. Lt Col Aaron currently is assigned to USAFSAM and is our subject matter expert on issues relating to aerospace vision and refractive surgery. She is PhD trained in physiologic optics and is highly motivated to represent optometry. Without any reservations, I can say that being your consultant was the best job I have ever had in my entire career as an optometrist. To have the privilege of working with such a group of well educated, caring, and pleasant professionals is a once in a lifetime opportunity. I am amazed at how we are able to retain such talent in AF optometry and it is because we are a community of professionals that share many common attributes, and teamwork is one of them. As your advocate, staying connected with each of you was important for me to be effective. Every conversation was important, every issue mattered and my goal was to not only address the here and now, but to keep the bigger picture in mind and set each of you up for success. Joe Gibbs said it best, it’s not just about business…it’s about relationships. We really care about AF optometry and it shows. I am confident that Lt Col Aaron will have the same support that I had as your consultant. Cheers and all the best!
As we come to the end of another busy year, I hope you will have the opportunity to spend some quality time with your loved ones and enjoy the true reason(s) for the season. It is also a time to reflect on all the hard work, the phenomenal primary eye care provided to our beneficiaries, and all the outstanding accomplishments of our members. I want to thank everyone for their contributions to our profession and especially for supporting our deployed service members. I wish you a Merry Christmas, Happy Holidays, and a very safe and prosperous New Year.

**The Order Of Military Medical Merit (O2M3)**

Congratulations to LTC Denis G. Descarreaux and COL Jeffrey L. Weaver for recently being awarded the Order Of Military Medical Merit. The Order of Military Medical Merit is a unique, private organization founded by the Commanding General of U.S. Army Health Services Command in April 1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service which is recognized by the senior leadership of the AMEDD. Members are given a certificate and a handsome medallion that signifies they are members of the Order. You will see members proudly display their medallions at formal AMEDD social functions. The medallion was adopted on April 5, 1982. It represents the traditions and values of the Army Medical Department. The medallion's design is derived from early U.S. Army Medical officer uniform emblems. In keeping with this, the medallion is made out of white brass. The central element is a shield representing the AMEDD Regimental Distinctive Insignia which bears the staff of Aesculapius, the classical symbol of medicine and the healing arts. The wreath is taken from the epaulets worn by medical officers until 1890. The wreath surrounding the shield was worn as a collar insignia from 1890-1896. The wreath and shield are superimposed on a modified Maltese Cross, recognized as the international symbol of medical care. The cross insignia was worn until 1902 when the present caduceus was adopted. The medallion is supported by a maroon neck ribbon, the color symbolic of the U.S. Army Medical Department.

**Fellowship in the American Academy Of Optometry**

Army Optometry gained four new Fellows at the recent 2010 American Academy of Optometry Conference in San Francisco, CA. Gaining FAAO status were LTC Charles “Charlie” D. Coe, CPT Antione D. Barnett, CPT Jared J. Lampe, and CPT Julie K. Young.

(Continued on page 16)
PHS Health Services Category

RADM Epifanio Elizondo was selected by Surgeon General Regina Benjamin as the Chief Professional Officer for the Health Services Officer category effective 10 August 2010. As Chief Health Services Officer, RADM Elizondo leads the Commissioned Corps of the U.S. Public Health Service (Corps) Health Services Officer category professional affairs, and advises the Office of the Surgeon General and the Department of Health and Human Services (HHS) on the recruitment, assignment, deployment, retention, and career development of Corps Health Services Officers.

PHS Commissioned Corps officers look forward to actions in the very near future.
- Immediate lifting of the “pause” in new calls-to-duty as Commissioned Corps officers.
- Implementation of the Ready Reserve Component including provisions to reinstate the Inactive Reserve or replace it with an Individual Ready Reserve component within the overall context of a Ready Reserve. Obtain funding for a Ready Reserve as necessary in the FY 2011 appropriations process.
- As directed in the Affordable Care Law, immediately transfer funds from the Public Health and Social Services Emergency Fund to OSG to begin implementation of the Public Health Science Track.
- Realign OCCFM and appropriate sections of OCCSS under the Office and authority of the Surgeon General.
- Take the necessary steps to ensure that the 450+ officers commissioned into the new Ready Reserve since March 23rd under the special Presidential authority are fully eligible for promotions in the upcoming promotion cycle.

Special Salary Rate for Civil Service Optometrists

In June 2010 the IHS Optometry Programs Civil Service Special Salary Rate was formally resubmitted to Jennifer Hoven camp, Director of IHS Human Resources. This request was reviewed and forwarded onto the IHS Office of Management Support for review by the Director of IHS. Over the past few month modifications and resubmissions continue to occur. Once finalized, and if approved by the Director of IHS, a formal request will be forwarded onto the Secretary of Health and Human Services for review and final approval. Updates will be provided as this request continues through the process. No response yet as to if and how the current Federal Pay freeze will effect this request.

PHS Optometry Billets

The billets transformation process has begun and will result in the creation of unique billets for all non-flag positions in the Corps. The goals of billets transformation are twofold. In the short-term, to create unique, position-specific billets for all positions currently encumbered by Commissioned Officers. In the long-term, to create unique, position-specific billets for all positions that could possibly be encumbered by Commissioned Officers. Optometry Officers are earmarked for on-line billet transformation dates TBA.

Deployments and Humanitarian Missions

Those optometrists interested in deploying please attain supervisory approval and forward your name and supervisors contact info onto Larry Zubel, OD (larry.zubel@ihs.gov). Names will then be forwarded onto the appropriate IHS and PHS Officials.

Operation Arctic Crossroads 2010

Kerry Hile OD

The United States Coast Guard (USCG) protects Alaskan coasts and waterways through missions/programs in search and rescue (SAR), marine environmental protection, enforcement of laws and treaties, ice breaking operations, aids to navigation, Marine Safety (commercial and recreational boats), and defense readiness. Increased seasonal recession of polar ice has led to increasing accessibility to shoreline, navigable waterways and ports for a greater portion of the year.

(Continued on page 13)
First and foremost, I hope that all of you had a wonderful holiday season and are now safely back on the job. As for the Navy and what has been going on, the good news is that just about everyone is back home from their respective missions with the exception of CDR Steve Cooley who should be in Kuwait replacing LCDR Marrie Read and CDR Ken Whitwell by the time that you read this and will be there until the site is taken over by the Army again.

This coming year promises to be even more eventful. If you look at all that is going on in the world you will see that the opportunities for more humanitarian missions and deployments seem to be continuing to expand. We already are anticipating missions again to the Pacific the Caribbean, and Africa and it appears that we can anticipate optometry being assigned to go elsewhere in the world as well. And all of this is before the inauguration which may change the priorities of where we will be heading.

I think that the key word for all of us for this year is the word “Joint.” For those who are not aware, the Navy Hospital in Illinois merged with the VA hospital there. And here we are in the process of merging the National Naval Medical Center here in Bethesda with its counterpart for the Army, Walter Reed. We will be working as one team providing the best possible care to all of our patients. This one is most evident to me because of all of the construction going on around here. We have around one billion square feet of renovation or construction occurring around here with the opening of the new facility around the 10th anniversary of September 11, 2001. Finally, many of the missions that we do are joint and I would anticipate something similar this year including opportunities to work with more non-government agency personnel. So, if you are a civilian and want to go on a hospital ship, consider joining one of the volunteer agencies, such as Project Hope, that already work with us now. We do not allow individuals to participate, only groups, so think about it. It is a very rewarding experience.

We have also been working hard on other items. The big news one is the NSPS conversion back to GS. The good news is that, thanks to our joint relationship because of the AOA and AFOS, we worked as one team and responded as one voice. The result seems to be that it looks like folks are listening to us and we will finally get some improvements in the pay scales. Not as good as Medical or Dental but better than we were before. As I have stated in the past, this is long overdue. The last time that the pay scale was written, I was not even in the Navy so it tells you that we have been a very long time.

Finally, this will be a year of transition. COL Glenesk has already been replaced by COL Lantz. COL Santullo, if the rumors are correct, will be replaced soon and I will be retiring in September so this is a big year so I will be replaced in July. Again, the good news for Optometry is that, thanks to AFOS, we have been meeting together for years and know each other so we are well ahead of the learning curve on working together. Our ability to meet our counterparts and discuss what is happening and how we take care of patients sets us apart. This is just another benefit of being a member of AFOS and attending the educational meetings that they provide. I look forward to seeing all of you in Atlanta in March.

Enjoy!!!
Greetings AFOS members!

- This is your last paper newsletter! We will be moving all future newsletters into digital formats to help offset print and mailing costs. In addition, digital versions of the newsletters will be accessible only at the AFOS website. **If you have not already done so, it is CRITICAL that all AFOS members register electronically on the AFOS website to receive continued access our newsletters.** If it is your first time registering, use Your DEFAULT user name and password located on your newsletter mailing label. **Once you have registered, please change your default user name and password and edit your user profile information (physical address, email address, etc).**

- Also, we have big changes coming up for our AFOS website. We have heard some great feedback at the FSO San Francisco meeting and will implement your ideas in the next few months, including better page navigation and layout.

- In conjunction with the Membership Committee, we will also begin a campaign to attract new members into the 13th biggest AOA affiliate. Also, we will be sending out due reminders via email this year. Remember, it is paid dues that help to maximize our House of Delegate representation in the AOA!

- Lastly, we are still looking for enthusiastic and energetic AFOS members to join our Marketing and Communications Committee. If interested, please contact me or any of our committee members.
Survey: The survey our membership requested at the annual meeting to decide if we should continue our annual meeting at SECO or move it to the FSO prior to the Academy, is now ready for your participation. Please go to our Home Page and take this important survey. The results will be announced at the Annual Meeting in March.

Website: Our New Website was launched 8 months ago and I am receiving very positive feedback for the new “member friendly” website. It has a public and private section and the private section has 3 pages — (1) “Pay Membership Dues” which has a complete statement of your AFOS and AOA dues for the year and our recent newsletters (2) “Update Profile” which allows you to change your personal information and the ability to voluntarily add text and/or a photo. If you have an address or name change and you are an AOA member, the AOA will automatically receive an e-mail with the new information (3) “View Member Profiles” which is a directory of all AFOS members viewable only by other members. You will be able to continue making dues payments online 24/7 and you will also be notified quarterly via email of your dues balances and any other important information. Starting in April 2011, AFOS will not mail out the newsletter to our membership who have e-mail addresses. It will be available in the “Pay Membership Dues” page after you log on. As a service to our older members who have not mastered 21st century technology and who think the internet is a communist plot, we will continue to mail them the newsletters.

Review of 2010: (A) 2010 has been a memorable year for AFOS — it was the 40th year since our founding and the advances we have made “reach” beyond the imaginations of our founders. Federal Service optometry has matured from a profession without dilation, drugs, disease treatment, or professional respect by other health care professions to a respected primary eye care medical profession that is respected by all other health care professionals. This is unprecedented in the history of American health care and we owe it to our “partnership” with the American Optometric Association (AOA). If you ever doubt your membership in the AOA, a review of our historical advances over the last 40 years, will renew your pride and membership in the AOA. Without any doubt, the money spent for dues is trivial in comparison, to the financial gain and professional respect we receive today. (B) Our 2 meetings this year and our presence at the AOA is the beginning of a new era for AFOS. 2011 will see the return of AFOS to the AOA’s annual meeting in June with an expanded presence to include the Section Chief’s Meeting and a reception for our membership. (C) Our FSO meeting in San Francisco set a new standard with a record 201 attendees and a new AFOS event that will be carried into 2011 where we plan a full days “action packed” activities for members and their spouses, or guests the day before our conference. This year it was a day’s tour through California wine country for 45 AFOS members and their wives and guests. 2011 will see another day of Sunday surprises in Boston for AFOS members and their guests.

AFOS Growth: If you didn’t know it before, AFOS began the year as the AOA’s 14th largest affiliate. We are now the 13th largest and I confidently project that we will be the 12th largest by the time our FSO Conference convenes in Boston. The new AFOS-AOA member that propels AFOS into 12th place, will receive a very special honor and reward. Our goal is to be the AOA’s 10th largest affiliate within the next 24 months.

Sponsors: 2010 was a banner year for AFOS sponsorships — we increased sponsors from 11 in 2009 to 24 in 2010 and increased grant money from $61,000 in 2009 to $112,000 in 2010. This means that we now have the ability to return our presence to the AOA’s “Optometry’s Meeting” in Salt Lake City for 2011 with a reception and the presence of our Section Chiefs. This is the beginning of a renewed and enhanced relationship with the AOA. In these turbulent times, we rely more than ever on our parent organization the American Optometric Association.

2011 Annual Meeting: Please go to the AFOS website for a complete overview of the exciting events that await you in Atlanta for March 1 & 2.

P.S. Don’t forget to log on and click on “Update Profile” and ensure that you have included your e-mail address and changed your temporary user name and password to a permanent user name and password for security.
Greetings from the Continuing Education Committee

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<th>Branch</th>
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<td>Air Force</td>
<td>MAJ Anthony Jarecke, OD, MBA, FAAO [Co-Chair]</td>
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<td>CAPT Justin Sandholm, OD</td>
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<td>Army</td>
<td>MAJ Jason Hales, OD, FAAO</td>
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<td>CAPT Ina Lee, OD</td>
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<td>Navy</td>
<td>LCDR Tyson Brunstetter, OD, MS, PhD, FAAO</td>
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<td>CDR Kevin Jackson, OD, MPH, FAAO</td>
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<td>Public Health</td>
<td>LCDR Michael Davis, OD, FAAO</td>
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<td>LT Christopher Cordes, OD, FAAO</td>
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<td>VA</td>
<td>Wm. Scott Slagle, OD, FAAO [Co-Chair]</td>
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<td>Joni Scott-Weideman, OD, FAAO</td>
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<td>**Angela Musick, OD, FAAO [Past Chair]</td>
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<tr>
<td>Retired/Civilian</td>
<td>LtCOL (Ret) Brian Meier, OD [Past Chair]</td>
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The AFOS Continuing Education Committee is pleased to announce education speakers for the Annual Meeting in March:

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<th>Time</th>
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<tr>
<td>0800-0945</td>
<td>(20787-GO) What You Don’t Know Really Can Hurt You</td>
<td>Jim Thimons, OD, FAAO</td>
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<tr>
<td>1400-1545</td>
<td>(25715-GL) Clinical Insights into the Treatment of Glaucoma</td>
<td>Murray Fingeret, OD, FAAO</td>
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Dr. Thimons is a nationally and internationally acclaimed speaker and has received numerous awards for his service to the profession and has published extensively in the area of ocular disease. In 1999, he was awarded Optometry’s Top Educator and was selected as one of the Top 10 ODs of the decade by *Optometric Management*. Dr. Thimons will present a lecture focused on the latest developments in new pharmaceuticals, technology, and clinical practice guidelines from the peer-reviewed literature.

Dr. Fingeret is the Chief of Optometric Services at the Brooklyn/St Albans Campus of the Department of Veteran Affairs New York Harbor Health Systems. He is a Clinical Professor at the State University of New York Optometry School in addition to serving as the President of the Optometric Glaucoma Society. Dr. Fingeret has published numerous articles, co-authored several textbooks and lectured internationally on the topic of Glaucoma. His lecture will discuss the diagnosis and management of ocular hypertension and glaucoma as well as the medical and surgical options used in its treatment.

Outlines and handouts will be posted on the AFOS website as they are finalized by each speaker. Printed handouts will not be available at the meeting, so please feel free to print a personal copy from the website and bring it to the lectures if desired.

Again this year we will continue to use paper sign-in sheets which will be sent around the room to verify attendance. A record of attendance will be submitted to ARBO based on these sign-in sheets, so please don’t forget to sign in. Hard copy CE attendance certificates will be traded for evaluation certificates near the door at the end of each lecture.

ABSTRACTS
Lcdr Michael Davis

William G. Christen, ScD; Robert J. Glynn, ScD; Howard D. Sesso, ScD; Tobias Kurth, MD; Jean MacFadyen, BA; Vadim Bubes, PhD; Julie E. Buring, ScD; JoAnn E. Manson, MD; J. Michael Gaziano, MD. Age-Related Cataract in a Randomized Trial of Vitamins E and C in Men. Arch Ophthalmol. 2010;128(11):1397-1405

Purpose: Some recent observational studies have concluded that vitamin supplementation is an effective method to delay age-related cataract onset. This trial set out to confirm or refute whether supplementation with alternate-day vitamin E or daily vitamin C affects the incidence of age-related cataract in a large cohort of men.

Methods: In a randomized, double-masked, placebo controlled trial, 11,545 apparently healthy US male physicians 50 years or older without a diagnosis of cataract at baseline were randomly assigned to receive 400 IU of vitamin E or placebo on alternate days and 500 mg of vitamin C or placebo daily.

Main Outcome Measure: Incident cataract responsible for a reduction in best-corrected visual acuity to 20/30 or worse based on self-report confirmed by medical record review.

Results: After 8 years of treatment and follow-up, 1174 incident cataracts were confirmed. There were 579 cataracts in the vitamin E–treated group and 595 in the vitamin E placebo group (hazard ratio, 0.99; 95% confidence interval, 0.88-1.11). For vitamin C, there were 593 cataracts in the treated group and 581 in the placebo group (hazard ratio, 1.02; 95% confidence interval, 0.91-1.14).

Conclusion: Long-term alternate-day use of 400 IU of vitamin E and daily use of 500 mg of vitamin C had no notable beneficial or harmful effect on the risk of cataract.

PROPOSED CHANGE TO THE AFOS CONSTITUTION AND BYLAWS

The Executive Council proposed a meeting venue change to our Constitution & Bylaws at the last Annual Meeting in Atlanta. At that meeting the membership requested that a survey be taken to obtain the maximum amount of membership participation as well as the memberships vote and for the Executive Council to address it once more at the 2011 Annual Meeting.

ARTICLE VII. SECTION 1 of the Constitution PRESENTLY READS:
“Regular meetings will be held annually at the time and place of the Southern Educational Congress of Optometry.”

ARTICLE VII. SECTION 1 of the Constitution PROPOSED CHANGE: Strike “Southern Educational Congress of Optometry” and substitute Annual American Academy of Optometry meeting”.

The Executive Council will continue to have meetings at SECO and the only thing to change regarding our meetings would be that the AFOS Business Meeting will change to the Academy versus SECO.

The AFOS membership will have the opportunity to vote on these proposed changes at the General Membership Meeting on Wednesday March 2 in Atlanta.

Your feedback on the survey is especially important because this is the only means to get feedback from AFOS members no matter where you are located. AFOS leadership understands that not all AFOS members can make it to the Annual AFOS meeting, and thus your feedback/input may not be reaching AFOS leadership.

AFOS leadership has many tasks. One of paramount concern is how do we make AFOS a continually stronger and better organization with greater membership participation in committees and other projects?
Greetings to my fellow AFOS Optometrists.

- As Optometrist, we are all passionate about providing eye care to our patients, whether in a hospital, branch clinic, ship board or in the field. Navy Reserve Optometrists are providing more than just quality eye care to the Fleet, we can be found providing leadership in unique and rewarding positions throughout the Navy Reserve Community.

- Captain Michael Radoiu is currently serving as the Deputy Surgeon for COMNAVFOR Korea. He is responsible for leading a medical directorate of forty Navy medical personnel, which advises the Flag Officer on all medical aspects of our Maritime Mission in the Republic of Korea and North East Asia.

- COMNAVFOR Korea is a Contingency Operations Group that specializes in planning, operational and medical intelligence. The group is made up of plans, operations, medical intelligence personnel (POMI), environmental health officers, entomologists, medical logisticians, flight surgeons, infectious disease specialists and fleet marine force (FMF) hospital corpsmen. They work hand in hand with the USMC and report directly to Pacific Command (PACOM).

- Captain Radoiu says that the collaboration between these varied communities is very exciting and extremely rewarding!

- Captain Adriel Lopez is currently assigned to the Navy Reserve NORAD/NORTHCOM HQ Staff as the Medical Operations Officer. NORAD is the North American Aerospace Defense, which is a U.S.-Canadian Command whose mission is aerospace, and maritime defense warning and aerospace control of U.S. air space. NORTHCOM was created in 2002 in response to the attacks on 9/11. His mission is to provide mobilization ready sailors and officers for rapid response to disasters worldwide and to provide ongoing seamless integration and incorporation of Navy Reservist’s military capabilities as well as their civilian skill sets. He reports that he has held many unique positions in the past, but looks forward to the challenges and opportunities associated with his new job.

- We also have members serving in leadership positions with various Operational Health Support Units (OHSUs) across the Country. Captain Richard Hetrick is currently serving as the Commanding Officer, for OHSU Camp Lejeune. Captain Chris Pearce is serving as the Director for Administration (DFA) for OHSU Bremerton, and I am serving as the Director for Administration (DFA) for Camp Pendleton.

- Clinically, we are gearing up for several Innovative Readiness Training (IRT) Exercises. IRT Exercises allow for our Navy Reserve Medical Staff to train in real world settings and gain valuable operational experience. Arctic Care will be taking place in April, where we will be sending CDR Steiner, CDR Kelley, and LCDR Sweetnam to provide eye care to Native Alaskans in remote villages under very austere conditions. CAPT Mason has volunteered to help with the Hayneville, Alabama IRT in May. LCDR Anderson is slated to provide eye care for the Arkansas Delta IRT in June. What a wonderful and unique opportunity to get relevant training while providing eye care to needy families in our own “backyard”.

- We wish you and your family a New Year full of health and happiness.
Dr. Jain, the evening’s Keynote Speaker, was also warmly received by all of the dinner attendees. Dr. Jain directed his comments to the areas of increased demand by our nation’s veterans for eye care services from the VA.

He reviewed with attendees, his personal perspective, regarding the direction that leadership in Washington has moved to effectively address the issue of increased demand by veterans for eye care services. In this regard, he discussed the VA’s low vision rehabilitation program, the DoD/VA Vision Center of Excellence, and the Specialty Care Transformation Initiative. Dr. Jain pointed out that the primary goal of VA leadership is to transform the VA care system into a “veteran centric system” with the intent to encourage continued collaboration by specialty care services with PACT (patient aligned care teams) implementation efforts nationwide.

Dr. Kawasaki closed the evening’s events by presenting an NAVAO plaque to Dr. Jain recognizing his support of VA Optometry and specifically thanking him for filling the role of this year’s Keynote Speaker for the 2010 Annual NAVAO dinner. Dr. Kawasaki also presented an award to Dr. Minna Huang, Director of NAVAO Events, for her numerous years of dedicated service and coordination of the annual dinners. Dr. Kawasaki invited attendees to remain as late as they desired. Most attendees remained afterwards to continue the evening’s social and professional conversations and discussions that had begun before the dinner. Everyone in attendance enjoyed the evening and all attendees expressed their anticipation for next year’s event in Boston.

The NAVAO would also like to congratulate the following current or former VA optometrists on achieving Fellowship in the American Academy of Optometry at this year's meeting in San Francisco.

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<th>Drew N. Aldrich</th>
<th>Imran A. Khan</th>
<th>Daniel R. Maxwell</th>
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In response, the USCG has recognized the need to expand its presence into Alaska’s increasingly exposed and unprotected coastline. Operation Arctic Crossroads was executed with the objective of expanding the Coast Guard’s arctic domain and securing the nation’s interests in the US Arctic Region. In partnership with the local population, the USCG identified the delivery of critical health care to people in isolated communities as an effective means to ensure the community support critical to the success of USCG missions in the area. To this end, the USCG partnered with USPHS to provide medical, dental, optometry, podiatry, and veterinary care to 8 remote communities in Northwest Alaska above the arctic circle including Point Hope, Koyuk, Selawik, Wales, Shishmaref, Kivalina, Noatak, Shaktoolik in addition to base of operations in Kotzebue.

As part of my deployment in the role of optometrist, I was required to travel to each of the 8 villages to provide comprehensive eye exams to the local population. Due to the remote location of the villages, we were required to travel by military helicopters for a total of 8 round trips (22 hours on the small aircraft). A typical day started with meeting at the airport hangar at 0800 to prepare for the day. Equipment and gear were loaded on the helos and we were often required to wear the USCG survival suit for travel over open waters. Departures were typically at 0845, with anticipated arrival at the village at 1000.

Upon arrival at the villages, we were usually greeted by community members who provided transportation to the clinic. The type of transportation depended on the village, but generally we were transported in small pick-up trucks, 4-wheeler ATV’s, and in one case the back of a dump truck! (it wasn’t a very dirty truck). I would perform eye examinations in one of the exam rooms or whatever space was available for me to use. Performing comprehensive eye examinations without the standard eye lane of equipment was challenging, however the process became easier after a couple of practice runs. The optometrist from Kotzebue was allowed to travel along with us to three of the villages managed under the Kotzebue service unit. Since none of the eye equipment is available at the villages, I borrowed some key items from him for the mission. It was a big help as I didn’t need to transport all of the equipment with me from New Mexico. I have submitted a list of recommended ophthalmic equipment to the USCG for use on the next Arctic Crossroads Mission.

The clinic days were generally busiest in the afternoon. One thing we learned was that the majority of the population does not get started with their day until noon. During the month of August in the Arctic, the sun is up almost 24 hours and therefore the locals do not rest until the early morning hours and do not awaken until 11:00 or 12:00 am. I examined approximately 10 patients per day for a total of 98 patients over the course of the mission. Almost every patient expressed their gratitude for our services. I was somewhat surprised to see that the prevalence of diabetes was lower than I anticipated, so I did not see many cases of diabetic retinopathy. I referred one patient for treatment of a retinal tear, 4-5 patients for glaucoma evaluations, and a few for cataracts and/or maculopathy. The majority were given copies of their eyeglass prescriptions to be filled on their next trip to “town” (ie. Kotzebue, Anchorage, or Nome). Unfortunately the cost for a trip to “town” is somewhere around $500-$1000 roundtrip, so I’m not sure how often that occurs.

Departure from the villages was at 1700 sharp, which meant breaking down my eye exam equipment at 1600-1630. We had Operations Debriefing at 1900 each day, so there was little time to eat and/or rest upon getting back to Kotzebue. Fortunately we were able to pre-order our dinners from one of the three local restaurants and we would eat dinner at the hangar before the 1900 meeting. Each participant would report their accomplishments and/or issues from the day at the village at the meeting. It was an interesting time to hear the different experiences from each group. The participants for the Ops Meeting included the medical staff members, veterinarians, water safety teams, boating and aviation specialists, and other liaisons for the USCG. It was always interesting to hear the reports from the varied disciplines.

We did have one day “off” in the midst of the mission. For this day, we participated in a community service project to support the Boys’ & Girls’ Club of Kotzebue. The project involved painting the interior walls of the center, building a gate for the outdoor ice skating rink to accommodate snow blowers in the winter, and general trash removal of the grounds of the property. The project took several hours in the morning and was very well-received by the community. Immediately following, the USCG performed a Search and Rescue demonstration. At 1600, the a softball game against the local team and at 1900, we had an Operations meeting. It was a busy day off.

(Continued on page 14)
Although it was challenging at times due to the long hours without much time to rest, I would do it all over again in a heartbeat. I feel very fortunate to have participated in such a meaningful mission. I enjoyed visiting the remote villages and I wish I could have spent a few days at each village working with the communities. It was impressive to work so closely with the USCG as well as the Army and Air Force National Guardsmen. It was certainly a focused group of people who all worked together to accomplish the goals for Arctic Crossroads 2010.

Oklahoma City RAM event — Cameron Scott OD (an RDF member’s perspective)

RDF-4 participated in the Oklahoma City RAM event July 9-11. Dr Curtis Farrar and I normally function in non-optometry roles on this team. This training-mission provided us with the opportunity to practice our profession in a non-traditional setting. We arrived on July 6 and left on July 13. This gave us time to do some training and orientation before the event occurred. In addition, we helped with set-up and tear down.

The patient care and other interactions were very interesting and rewarding. There were a few things that surprised me. I guess I assumed that we would be serving homeless and unemployed people who were in dire straits… and there was some of that. But I was most surprised to see how many “working poor” patients we saw. Many of these patients had jobs, worked hard for a living, but still couldn’t afford dental and eye care. They were gracious patients who waited for many hours to receive services. Many waited from 2:00 am until 4:00 pm for an exam and glasses. It was humbling.

Here is an excerpt from the October 2010 RDF e-letter:

We want to touch base with you after a successful training in Oklahoma City last July. Operation Nexus was RDF-4’s iteration of the new training/direct patient care modality OFRD implemented this year. We have been informed that based on the success of these events, OFRD plans to do future trainings using this model whereby our efforts translate into bridging the gap for unmet health care needs. We want to express our deepest gratitude to all of you who attended the training. We had the opportunity to test our stamina and resiliency and to work with a non-uniformed organization to provide needed health care services to 1634 patients. We provided $416,939.00 worth of medical, optometry, and dental services in 33 hours over three days. That is a commendable effort rewarded by an outstanding outcome.

Oklahoma City RAM event — Larry Zubel OD (This time… as a Volunteer)

No trips to Belize to report on this time, but Dr. Zubel did go on two RAM (Remote Area Medical) missions this quarter. One was in July to Oklahoma City. One of my former students, Lanae Knapp, is no longer a student but rather employed full-time at Chinle. I scooted down there in my plane, landed at their local airport, and picked her up along with a fourth-year nursing student, Rachel, whom she convinced to join us. We then flew over to OKC and landed in a pouring rainstorm. But we had a car waiting for us, and our hotel room—donated to the RAM effort. We had a great stay and got a lot of work done. The flight back was in beautiful weather and all went well.
Both Lanae and Rachel enjoyed their first RAM event. Rachel will be busy this coming year finishing up nursing school, but Lanae was able to go on another RAM event the following month in Tennessee. I hope to see them both at many future RAM events.

Then, in August, on the fifth anniversary of Hurricane Katrina, RAM conducted a two-part clinic in New Orleans and Plaquemines Parish. I loaded up the plane again, this time with our recently-retired DON, Jim Whiting, who still lives locally. It was a 9 ½ hour flight from Vernal to New Orleans, followed by over an hour drive south into Plaquemines where we were assigned to work. It was a hot, wet, soggy, rainy three days there, but we saw a bunch of patients and had a good time. One of our patients was a commercial fisherman, and we bought 100 pounds of fresh shrimp from him for $1.80 per pound! The whole Plaquemines RAM Team stuffed themselves on big fresh shrimp—I can personally attest that the Gulf oil spill didn’t screw up that catch! Jim doesn’t do shrimp, so I ate a second heaping plate full of the little critters on his behalf. Someone had to do it!

Although none of these trips were an IHS or Corps activity, the OFRD did deploy an RDF Team to help out at Oklahoma City. The prior efforts to deploy to RAM events as a training exercise went so well that CAPT Elenberg secured permission and funding to add a few more this year. There wasn’t time to deploy anyone to New Orleans, but they were a big help in Oklahoma City and I’m certain that the RDF Team got a lot out of it, too. It was fun to see us (the PHS) work at a RAM event while I was there as a civilian.

From Dr. Aly Wasik — AFOS Secretary/Treasurer — AFOS liaison to the AAO

At the American Academy of Optometry's (AAO) Annual Meeting in San Francisco, CA on November 19, 2010, the membership approved the establishment of Maintenance of Fellowship (MOF). This applies starting with the Fellowship class of 2010 but the AAO is hopeful that all Fellows will voluntarily participate in the program. A three-person MOF committee will administrate this effort, approve academic publications, and generally resolve matters pertaining to MOF.

Requirements for MOF

I. Accrual of points

Fellows of the Academy are required to renew their Fellowship status every 10 years starting after the annual Academy meeting in 2010. Each Fellow is responsible for acquiring 15 points during a consecutive 10 year period. Points are awarded in the following manner:

i. Attendance at an AAO Annual Meeting (AM) (Minimum of one meeting required per 10-year period) 3 points

ii. Attendance at any CE qualifying event at AM including TQ courses (No maximum, any education for which hours are granted) 1 point/2 hours of CE

iii. Present a one hour lecture or any workshop at AM (No maximum) 2 points/presentation

iv. Present a scientific paper, poster, or symposium speaker at AM (No maximum) 1 point/presentation

v. Serve as an AAO Volunteer (Maximum of 4 points) 1 point/year*

vi. Author article in an accepted peer-reviewed Journal (Maximum of 4 points) 2 points/article*

vii. Author a book chapter (Maximum of 4 points) 2 points/chapter*

II. Diplomate programs

Earning and renewal of Diplomate distinction qualifies as maintaining Fellowship in the Academy. There will be a portal available on the AAO website for Fellows to monitor their status (points) and upload documents relating to MOF for the committee to review. The software is being developed for this and the AAO anticipate being online the first half of 2011.
Army (Continued from page 4)

Promotions

The Eagles Have Landed

“A New Chapter In The History Of Army Optometry”

Congratulations to COL Carol Rymer. She pinned on her new rank on 5 November with an effective date of 1 October 2010. COL Rymer is the first female Army Optometry Officer (67F) to obtain the rank of Colonel. This is a historic event and COL Rymer is truly deserving of the honor. Her ceremony was held at the main flagpole at Womack Army Medical Center, Fort Bragg, North Carolina. She was privileged to have COL(Ret) George “Chuck” L. Adams, former Army Optometry Consultant and a former President of AFOS, there to pin one shoulder. Her daughter Quinny, with the assistance of her husband Scott, pinned the other shoulder.

Congratulations to COL Emery Fehl. He pinned on the eagles 1 October and was honored to have the ERMC Commander, BG Nadja West promote him.

European Conference

The European Regional Medical Command’s Primary Care / Physical Therapy / Nursing / Optometry – MAPS and NATO Behavioral Health Sciences Summit Conference was held 31 October through 4 November 2010 in Garmisch, Germany. The entire conference was an outstanding success and the Optometry Track incorporated exceptional continuing education and MHS updates and information. LTC Donovan Green (Far Right) was instrumental in the planning and coordination.

● Fellowship in the American Academy Of Optometry

Army Optometry gained four new Fellows at the recent 2010 American Academy of Optometry Conference in San Francisco, CA. Gaining FAAO status were LTC Charles “Charlie” D. Coe, CPT Antione D. Barnett, CPT Jared J. Lampe, and CPT Julie K. Young.

Posters

CPT Bret Lehman (Womack Army Medical Center) and CPT Christopher Alferez (Brooke Army Medical Center) presented posters during Residency Day at the American Academy of Optometry Meeting in November.

CPT Lehman’s poster was titled “Management of Trichiasis and Diplopia Secondary to Trauma” and CPT Alferez’s poster was titled “Paradoxical Progression of a Visual Field Defect in Normal Tension Glaucoma”
Army (Continued from page 16)

• Currently in Theater
  Iraq: CPT(P) Kyle Smith, CPT(P) Charles Tessman, CPT Eric Neelans, CPT Brittany Ellis
  Afghanistan: CPT Benjamin Uhl, CPT Riz Khan
  Kosovo: LTC Brian Montgomery

• All Army ODs deployed in 2010
  Afghanistan: LTC Nicholas Silvestros, MAJ David Miller, CPT Michael Stevens, CPT Benjamin Uhl, and CPT Riz Khan
  Kuwait: COL Mark McGuire
  Kosovo: MAJ Christopher Burgess, LTC Brian Montgomery

• New Accessions

Basic Officer Leader Course:
On 26 October 2010, twelve of our new Army Optometry Officers graduated from the Basic Officer Leader Course (BOLC) at Fort Sam Houston, TX.

Back row (left to right): CPTs Cesar Costales, James Hsiau, John Anderson, Brian Finley, Nathan Rains, and Brandon Dahl.
Front row (left to right): CPTs Lindsay Gibney, Steven Plaxco, Peter Lin, Amasa Mecham, Anthony Turin, and Anna Jones.

Additional graduates:
CPT Erica Chae graduated from BOLC in September and CPT Steven Gutierrez graduated in December.

Welcome to the Army Optometry family!

President’s Column (Continued from page 1)

This information will be presented at our general membership meeting in March 2011. We will keep the survey open until SECO to allow all members to participate. Please note at the recent AAO meeting there was a policy change regarding Maintenance of Fellowship for the 2010 class of Fellows which may affect our member’s opinion on the location choice for the next Annual meeting. For more details, please read the following excerpt from our secretary/treasurer—Liaison to the AAO in this newsletter. I would like to end this piece by saying a huge “thank you” to my fellow AFOS officers and board members who have spend countless hours on e-mail engaging in society business. Despite the 6-8 hour time zone difference, this group of dedicated volunteers made this past year an extremely successful one. You have been my rock! To all our committee chairs and members—thank you for your selfless service!

A special thanks to our Executive Director Dave Simpson, he has truly taken AFOS to another level, his incredible dedication to our society has been remarkable. Last but not least, thank you to our exhibitors for your contribution—you have made a difference! To all our deployed service members and their families, thank you for your unwavering support and for answering a higher call to safeguard our nation’s security and freedom. You are in our thoughts and prayers; we look forward to your safe return!

I look forward to seeing everyone at our Annual Meeting in Atlanta!

Moving?
Please go to our website at www.afos2020.org and log on and go to “Update Profile” and make the appropriate changes — if you are an AOA member, an e-mail will automatically be generated with the changes and sent to the AOA.
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Atlanta Georgia
March 1 & 2, 2011

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2011 DUES STRUCTURE

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NOTE: AFOS dues are due in full on 1 Jan. AOA dues may be paid in full or quarterly. Quarterly AOA payments of $200.50 are due on 1 Jan, 1 April, 1 July and 1 Oct. You may now make your dues payments online 24/7 with a debit or credit card by logging on and clicking on “Pay Membership Dues”. If you prefer to pay by check instead of online -- Make checks payable to AFOS and send all payments to: AFOS, 904 Vista Grande St., Paso Robles, CA  93446-1830. **DO NOT SEND DUES PAYMENTS TO THE AOA.**

The dues owed by each member are no longer printed at the top of your mailing label

Your dues history for 2010 and 2011 are now available for viewing by logging on the AFOS website and clicking on “Pay Membership Dues”

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