Dr. Cespon’s inaugural address!

Standing up here today, representing AFOS in this role, is not something that I would have predicted earlier in my career. It really is truly a great honor to be able to represent AFOS, and I will do my best to represent all Federal Service Optometrists within AFOS.

Not unlike some other AFOS members, I have had the privilege to serve as an optometrist in more than one federal organization. I’ve served as an active duty optometrist in the Navy, where one of my motivating factors to join was to practice in a setting with better therapeutic treatment privileges compared to my home state of California. I also served as an active drilling Navy reservist, and I now serve in my current career with the Public Health Service.

Early in my Navy career, I gained a huge respect for the men and woman having to deploy, even if it was "just" a 6 month "West Pac". For those who have deployed, or are deployed now, you have my personal respect, and the respect of AFOS for the sacrifices you and your families are making for this country.

Our organization, The Armed Forces Optometric Society, dates its history back to 1970. The organization underwent a very significant change in 1986 when Veterans Affairs and Civil Service optometrists were allowed to join AFOS.

All great organizations have evolved over time, and AFOS being a great organization, has also evolved. With this evolution, it is sometimes easy to group the Army, Air Force, Navy, and Reserves as taking care of our Active Duty troops, and the VA as taking care of our veterans. The Public Health Service seems a harder group to put under that umbrella. Being that I’m currently serving with the Public Health Service, I thought I’d take this opportunity to give a quick history lesson about the Public Health Service that exemplifies not only organizational changes over time, but demonstrates how all organizations within AFOS are more related than most people are aware.

The USPHS origin dates back to a 1798 “act for the relief of sick and disabled seamen.” A Marine Hospital Fund was developed to provide health care for sick or injured seamen. This included seamen that were the forerunners of the Coast Guard, and officers and men of the NAVY who were eligible for care in these Marine Hospitals from 1799 to 1807, until the Navy developed their own hospitals. So, healthcare for the Navy and Coast Guard was originally done by the US Public Health Service.

In 1871, the 1st Surgeon General of the PHS had served as a surgeon in the Union Army and adopted a military model for the medical staff, and officers were put in uniform. as the Commissioned Corps.

(Continued on page 15)
Congratulations to Maj Justin Sandholm on his residency match to Palo Alto VA! Justin is the first Air Force OD to be selected for this fantastic training opportunity.

Congratulations to our newest promotees!
To Major: Brian Blanchard, Luann Danes, Joshua Haney, Scott Martin, and Michael Sapp
To Lt Col: Tony Jarecke and Christy Barton (below the zone!)

The following folks are gearing up for a MEDCAP to Djibouti, late April-early May: MSgt Luis Gonzalez (Aviano), Maj Carlos Cebollero (Ramstein), TSgt Hermann Schieder (Ramstein), Maj Richard Yoo (Spangdahlem)

Greetings from the Aerospace Ophthalmology Branch at the USAF School of Aerospace Medicine! I am Lt Col Bridget Fath, the new Aerospace Vision Consultant. Our branch recently moved into the new building at Wright-Patterson Air Force Base, Ohio, during the first week of March 2011. As most of you know, the school’s relocation from Brooks City-Base, Texas, originated from the nation’s 2005 base realignment and closure (BRAC) decision. Although our new location is starting to come to life, there is still much to do before we’re fully operational. Almost every day, a new truckload of equipment, files, and other items is coming in, ready to be put away. In the meantime, keep sending your aviator CRS applications and post-ops to the email address only (USAFSAMAvisorProgramManager@WPAFB.af.mil). I also want to mention Col Gooch and Lt Col Aaron updated the latest RS waiver guide (March 2011), which can be found on the AFMS Knowledge Exchange’s AF Refractive Surgery website or on the Waiver Guide page of the Kx. Later this year we’ll host the USAF Refractive Surgery Operational Eye Care Workshop here at Wright-Patterson AFB, OH. This course is scheduled for 19-22 September 2011 and covers the initial training required for USAF providers who perform pre-/post RS clinical management for AF personnel. The course is open to other services as well, so they can manage our CRS patients (central funding for course if AD AF/ARC). To fill the gap prior to September, there is an online certification course. Look for it on ADLS Med+Learn website on 1 April 11. Lastly, we appreciate the time and effort required on your part to support our AF vision programs and welcome your questions and ways to improve. I can be reached at 937-938-2681 or DSN: 798-2681. Thanks to all for your patience as we ramp up our operations at USAFSAM!

Maj Eva Walker and Capt Michael Sapp are deployed to OEF from Jan to June
Lt Col Ric Peterson has retired. Ric is an accomplished optician, researcher, clinician, and educator and recently served as our liaison to AAFES. Our best wishes to him and his family and thanks for all your service.
SrA Peebles (Aviano) got married in January and after she PCS this summer she will change her name to SrA Skinner
Capt Laurie Davie is happy to announce the birth of her daughter, Darcie, born 18 Oct 10
Maj John Kim also announced the birth of Sebastian Joonyun Kim born on 12 Jan 2011

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
It is an exciting time for Federal Service Optometry and AFOS. We are moving ahead with so many important projects. These critical endeavors will not only affect Federal Service Optometry, but the entire eye health care spectrum. I encourage you to get involved at all levels of our organizations. Seize the day!

Currently in Theater
Iraq: MAJ Kyle Smith, MAJ Charles Tessman, CPT Eric Neelans, CPT Brittany Ellis, SSG Timothy Wood, SGT Thomas Cochran, SPC Wales Rowe, SPC Kacey King, SPC William Branson, SPC Kyle Tuttle, SPC Ronnie Wilder, SPC David Hawkins
Afghanistan: CPT Benjamin Uhl, CPT Riz Khan, SGT Misty Kidd, SPC Roy Johnston
Kosovo: CPT Wendy Shaw

Promotions — Congratulations to our newest Majors

MAJ Kyle Smith was promoted on 1 January 2011 at Camp Liberty in Iraq. Two of his Soldiers, CPL Rowe and SPC Wilder, did the honors of pinning on his new rank.

MAJ Joshua “Josh” Baker was promoted on Friday, 4 February 2011 at the Stuttgart Health Clinic in Germany. His wife, Megan, pinned on the new rank.

MAJ Grace Dewars and MAJ Keith Schmidt were promoted in a joint ceremony on 11 February 2011 at the 168th MMB Wilson Conference Room, located in USAG Camp Walker, Republic of Korea.

MAJ Matt Geiman’s promotion was held on 7 February 2011 at Winn Army Community Hospital, Fort Stewart, GA. His wife, Tara, and the DCCS, LTC Andrew Doyle, performed the honors.

MAJ Jason Moran pinned on the Gold Oak Leaves on Friday, 11 February 2011 at the Wiesbaden Army Health Clinic in Germany. He was joined by his wife Melissa and children, McKenna and Myles.

MAJ Charles Tessman was promoted on 15 March 2011 on the veranda of the Al-Faw Palace at Camp Victory in Baghdad. His fellow 167th Medical Detachment (Optometry) Soldiers assisted with his ceremony SPC Ronnie Wilder read the orders and MAJ Tessman was pinned by MAJ Kyle Smith and CPL Wales Rowe

(Continued on page 13)
PHS Transformation

PHS Pause

Department of Health and Human Services (DHHS) Assistant Secretary for Health (ASH), Doctor Howard Koh and Surgeon General, Vice Admiral Regina Benjamin announced on February 2nd that the so-called “pause” on calls-to-duty in the PHS Commissioned Corps was finally lifted after ten months. The White House forwarded to the Senate for confirmation the first list of individuals nominated for a commission in the Regular Corps of the Public Health Service since the Affordable Care Act was signed into law on March 23rd, 2010. The Affordable Care Act mandates that all officers serving on active duty in the PHS Commissioned Corps will be commissioned in the Regular Corps. The law also eliminated any numerical limit on the size of the Regular Corps.

PHS Post 9/11 GI Bill Transferability

On January 4th, President Barrack Obama signed Public Law 111-377, the Post 9/11 Veterans Educational Assistance Improvements Act of 2010 which extends Post 9/11 GI Bill transferability to the PHS and NOAA Commissioned Corps. The law goes into effect on 1 August 2011.

Two executive branch actions must still occur before PHS officers are able to apply for transferability. First, as required in the law, the Secretary of Defense must certify that the exercise of Post 9/11 GI Bill transferability by PHS officers is in the national security interest of the United States. Then, the Secretary of Health and Human Services must determine which, if any, PHS officers will be authorized to use this key retention benefit.

Meetings/Conferences

Join us in New Orleans June 20-23 for the 2011 USPHS Scientific & Training Symposium "Public Health Leadership: The Key to a Healthier Nation."

The conference will feature 3 1/2 jam-packed days of informative keynotes; track sessions on an array of topics; more than 80 companies showcasing the latest products and services; a full-day of profession-specific topics; and much, much more.

The IHS and University of New Mexico School of Medicine will be hosting the 2011 Advances in Indian Health Conference (May 3-5, 2011) which offers CME for primary care health professionals who work with American Indian and Alaska Native populations at federal, tribal and urban sites. The 2011 conference will offer an Eye Care track for primary care clinicians across the Indian Health System. Topics will be presented by various IHS Optometrists and include diabetic eye disease, eye care in the ED, pediatrics, ocular disease & systemic manifestations and the primary provider & eye care.

Awards

Please join me in congratulating the following on their recent awards. Commendation Medal (PHS) CDR Shannon B. Farr; Achievement Medal (PHS) LCDR Barbara Suzanne Cohn; Citation (PHS) CDR Barbara A. Massey, LT Christopher Charles Cordes, LT Ha Thi Kim Huynh; Unit Commendation (PHS) CAPT David J. Bellware; Special Assignment Award (PHS) CAPT Gay E. Nord; Commissioned Corps Training CAPT Terry L. Bolen; Field Medical Readiness Badge CAPT Carmencita T. Palma. Job well done.

(Continued on page 16)
This is a tough one.

First, I forgot to send my input for this Newsletter to Dave and so the Newsletter ended up being delayed while I was out on leave goofing off. Now, I am sort of glad, because what I want to say now is a lot different. It is interesting how your perspective changes when things like unexpected losses occur. You end up reflecting on things a little and considering the small insignificant events that happen in your life – seemingly unimportant, but as circumstances change, make you happy. Here is one, for example.

I had the opportunity to talk with Dave at SECO about his impact on me. What most of you will not recall since you simply have not been around long enough was that I was the President of AFOS way back in 1998-99. At that time, Captain Stanley Freed was the Navy Optometry Specialty Leader, Colonel John Leddy was the Consultant for the Army, Colonel David Simpson was the Consultant for the Air Force and Reserve Captain David Sullins was President of the AOA. So here I was, a baby LCDR and here are my mentors, each giving me their thoughts and insights and helping lead this great group of optometrists, meaning they helped me not screw things up too badly. Quite simply, you cannot do better starting your career than having these influences.

Captain Sullins became Admiral Sullins and he was the ultimate politician – very smooth and a lot of fun but with very big opinions which he made happen by his personality and rank. He would talk with me and bounce stuff off of me whenever he was thinking of Navy Optometry and I learned to understand his role and impact on all of Optometry. Unfortunately, he passed away a few years back – a great loss for Optometry.

Colonel Leddy was the ultimate old school professional. He was very formal and proper and never said anything negative about anyone publically but was always willing to pull me aside and discuss things with me and provide his thoughts to me. He had true class. Colonel Leddy is still with us although I was sorry to hear that his wife recently passed away.

Captain Freed seemed to know everyone and everything and talked about things as they truly were. He did not want to pull any punches and let you know what was real. I am still lucky because he still works here with me now although I have no idea why. Still, he gets to be my sounding board.

Then there was Colonel Simpson. When you listened to Colonel Simpson you knew that everything was wonderful in the Air Force and everyone wanted to be in the Air Force and everyone was jealous of the Air Force. Here was this tanned Colonel with very white teeth who stood in front of us and told us all that things were great and he was very animated. And while I didn’t really want to be in the Air Force, I knew that I wanted to think of the Navy like he thought of the Air Force so, now that I am Specialty Leader, I am certain that you all noticed that I tend to be out there and a little crazy – without the tan and the teeth. So, depending on your perspective, thank Dave or blame him for his role in make me who I am.

It is too late to make a long story short but these four folks had a huge impact on my early career and half of them are gone. I am so thankful that I had the opportunity to tell Dave the above story and let him know of the impact that he had on me and who I am today. When he became the Executive Director of AFOS I am not certain which one of us was more surprised to see the other but the most important thing to me was that he was still Colonel Simpson with the same smile, tan, and energy. His passing was a terrible shock for all of us but we should remember who he was, what he stood for, and smile. For all of you going to the Academy meeting in Boston, all of you should go on that boat trip and take a moment to remember him. Also, for all of you, remember, no regrets. Be willing to love, laugh, work hard and, most importantly, live life to the fullest. Dave did. What a great role model for us all. Take care Dave. You are in my thoughts and prayers. Rest well, my friend.
Another Successful Recruitment Year for VA Residency Programs

Congratulations on another successful round of VA resident recruitment! The Optometric Residency Matching Service applications were processed on March 4th and once again all VA residency positions have been filled. The Department of Veterans Affairs is the largest optometry clinical training program in the United States. There are over 145 post graduate resident positions available annually. Former VA residents are among the most successful and nationally recognized individuals within the profession.

Residency training programs at VA medical centers offer outstanding educational opportunities for graduate optometrists to obtain advanced clinical competence. These programs are designed to enhance residents’ knowledge and experience in areas of primary and secondary eye care, low vision, ocular and systemic disease and research. The coordinators of these VA residency programs spend countless hours recruiting, interviewing and coordinating the acquisition of new residents. Their efforts should be recognized and commended. As we prepare to bid goodbye to our current residents who are moving on with their careers, we welcome the opportunity to help the incoming residents advance their clinical skills.

Deadline for Advanced Competency in Medical Optometry (ACMO) Examination Approaches

Have you heard about the Advanced Competency in Medical Optometry (ACMO) examination administered by the National Board of Examiners in Optometry (NBEO)? The eligibility criteria includes all optometrists who have completed ANY ACOE-accredited residency program. The purpose of ACMO is to assess advanced competence in medical optometry. Virtually all other medical professions have standard examinations that document advanced competency after residency training and the National Association of VA Optometrists (NAVAO) believes optometry should have similar credentialing to support post-graduate advanced competency. This type of documentation has become vital in an increasingly credential-sensitive health care environment. With the constantly changing and unpredictable health care landscape, this credential may also be beneficial in regards to licensure or Board Certification, participation in health care settings or plans, and expectations of third party payers in the future.

The ACMO exam has received very positive feedback from candidates who have taken the exam. Candidates have felt that the ACMO not only met its goal of testing advanced competence in medical optometry, but also that the exam was clinically relevant to the systemic and ocular conditions encountered in a typical VA residency. The pass rate for the ACMO in 2010 was 83%. This year’s exam will be administered on Friday, June 3, 2011. The deadline to register is May 3, 2011. To further encourage residents to take the examination, there is a reduced fee for current residents who sit for the test during the year in which they complete their residency. The test results never expire. The deadline is rapidly approaching and we strongly encourage all eligible individuals to sign up for the exam. Please also encourage your residents, or even your colleagues, to consider signing up for the ACMO. For further information about the examination, please visit the NBEO website at http://www.optometry.org.
Greetings AFOS members!

Here are some of the updates we have been working on throughout the year:

We are working to update the look of the website by implementing new navigation buttons, color schemes and updated content. There will be no disruption to the underlying website architecture.

We added a Membership PowerPoint was added to the AFOS website to describe the benefits of membership. Please pass this presentation along to your colleagues to communicate how membership pays!

We are working with Dr. Megan Hunter & Dr. Aly Wasik on an AFOS “Membership Drive” to increase our membership numbers.

We are hoping to bring online changes to paying dues, specifically allowing variability in the payment frequency and amount of AFOS and AOA dues. We are currently working with our web developer to implement this useful feature.

We would also like to welcome Dr. Ian Raden to our Marketing and Communications team. His breadth of web and marketing knowledge will certainly add to our committee’s wealth of experience.

Please “friend” us on Facebook to get you the latest info on AFOS events and activities!

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.

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**MARKETING/COMMUNICATION COMMITTEE**

| Air Force | Maj John Kim, OD, FAAO (john.kim@misawa.af.mil) (Chair)  
| Maj Rich Yoo, OD, FAAO (rich.yoo@osan.af.mil) |
| Army     | Capt Chris Alferez (alferec@yahoo.com)  
| Vacant   |
| Navy     | LT Tyler Miles, OD, FAAO (tyler.miles@med.navy.mil)  
| LCDR Rodel Divina, ODFAAO (rodel.divina@med.navy.mil) |
| Public Health | Vacant  
| Vacant   |
| VA      | David Lynne, OD (dynlynne1@gmail.com)  
| Patrick Till, OD (patrick.till2@va.gov) |

**MARKETING/MEMBERSHIP SUB-COMMITTEE**

| Air Force | Jeffrey Autrey, OD (Chair) (jeffrey.autrey@dm.af.mil) |
| Army     | Maj James Auvil OD, MBA, FAAO (auvilj@aafes.com) |
| Navy     | Robert Senko, OD, FAAO (robert.senko@med.navy.mil) |
| Public Health | Vacant |
| VA      | Ian Raden (ian.raden@va.gov) |
Congratulations: To our new Officers Drs. Keith Cespon, Michael Sunman, Aly Wasik, Jeffrey Autrey, Donovan Green and our new Council members Drs. Michael Davis, John Dziadul, Hugh Jackson, Tony Jarecke, and Ensign Jenalyn Jotie. Congratulations to our Immediate Past President Dr. Donovan Green, as he received the AFOS OD of the Year Award for his stewardship as our president and making AFOS truly a “player” affiliate with the AOA and the remarkable improvements for our membership.

Constitutional Changes: Your membership voted to change our Annual Meeting to the Academy and switch our Federal Service Optometry (FSO) meeting to SECO. This will mean a few changes prior to the meeting in Boston in October. First, our officers will have a short tenure of 7 1/2 months with a new slate beginning at the meeting and Second, we will need to recognize our outstanding members for awards earlier than usual with the deadline being July 1. This means NOW is the time to begin your submissions so that our members will have the opportunity to be recognized as the “best of the best”. Your Council also voted to allow amendments to the Constitution and Bylaws either via a website survey or at the Annual Meeting. The membership will vote on that proposal at the Annual Meeting in Boston and the specifics are available for reading on page 12.

AFOS Strategy for 2011: Even though 2010 was a memorable year for AFOS, 2011 will see many improvements and advances for the membership. (1) Your AFOS leadership gave a presentation in January at the AOA’s President’s Council to request that every state include a Federal Service category for membership that gives full privileges and charges up to a maximum of one half the maximum dues. No negative responses were received from the leadership of any states and AFOS has the support of the AOA leadership to include Dr. Barry Barresi the Executive Director of the AOA. AFOS has been invited by the AOA leadership to once more give this presentation to the complete House of Delegates in June and then we anticipate requesting a Bylaws change in consultation with the AOA for a final vote at the 2012 House of Delegates. (2) In 2013, AFOS will put a “full court press” for all the states to establish “Licensure by Endorsement”. This issue has been on the “side track” far too long after the initiative was spearheaded by Admiral Mittelman two decades ago. (3) To ensure greater participation and contributions by your AFOS leadership, AFOS is now providing expenses for your Officers to attend all 3 meetings each year and this new policy is intended to stimulate greater inspiration for our membership to contribute and move into our top leadership positions. At the same time, it will give AFOS greater recognition by the AOA leadership for our contributions and also stimulate more AFOS member involvement with the AOA. Without the AOA, the future of our great profession would be in doubt. (4) AFOS is now returning to the AOA with a greater presence now that the Section Chief’s meeting has been moved to the June meeting and AFOS will now host a reception for our membership and the AOA leadership. (5) The improved relationship with the AOA means that we now have a “true” partnership to further advance the profession not just for federal service but the profession nation wide.

AFOS Growth: If you didn’t know it before, AFOS began the year as the AOA’s 14th largest affiliate. We are now the 12th largest and I confidently project that we will be in the top 10 within the next 24 months. Our membership team is starting a new initiative called the “Drive for top 10”.

AOA House of Delegates: Please ensure that your AOA dues are paid up for 2010 and that at least 1/4 of your dues have been paid by April 15 — we want a robust presence at the House of Delegates and our goal is to increase our delegates from 6 last year to 7 this year. This is dependent on the number of our AOA members being current with their dues.

2011 Annual Meeting in Boston: Our meetings just get better and better and Boston will be beautiful in October. We anticipate close to 200 members in attendance. You won’t want to miss it. Registration will open in late May and we have a great Sunday before the meeting special planned similar to San Francisco.

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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<td>MAJ Anthony Jarecke, OD, MBA, FAAO [Co-Chair]</td>
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<td>**Angela Musick, OD, FAAO [Past Chair]</td>
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<td>Retired/Civilian</td>
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The 42nd Annual Meeting in Atlanta was a success. Dr. Jim Thimons presented a 2-hour lecture on the latest developments in new pharmaceuticals, technology, and clinical practice guidelines from the peer reviewed literature and Dr. Murray Fingeret presented a 2-hour lecture updating the membership on advances in the diagnosis and management of ocular hypertension and glaucoma. Both were outstanding presentations and received overwhelming positive reviews.

This year AFOS will be transitioning to a new schedule, so we will have another annual meeting in October, just before the Academy meeting. From your reviews at the meeting in April, many members expressed interest in expanding the number of CE hours offered at the annual meeting. The Council is aware of this request and is contemplating a change in the annual meeting schedule. Inherent in this discussion is the feasibility of condensing the business meeting to permit expansion of the education program. Therefore, the schedule for October’s meeting is under review. However, the Continuing Education Committee has received verbal acceptance for lecture invitations from Dr. Anthony Cavallerano and Dr. Blair Lonsberry.

Dr. Cavallerano is the Director of the VHA Office of Telehealth Services Store and Forward Boston Training Center, serves as a Professor of Optometry at New England College of Optometry and is an attending optometrist at VA Boston Health Care System. He has authored several book chapters and over 65 professional journal articles and has served as the editor-in-chief of two professional optometric journals. Dr. Cavallerano has lectured and presented at numerous local, national and international meetings and is a fellow of American Academy of Optometry, a member of the American Optometric Association, and a founding member of the Optometric Retina Society.

Dr. Lonsberry is a Professor of Optometry and the Clinic Director of the Portland Vision Center associated with Pacific University in Portland, Oregon. He has received numbers teaching awards, authored multiple peer-reviewed articles, authored a chapter in *Clinical Ocular Pharmacology*, and is a respected national lecturer. He is a fellow of the American Academy of Optometry, the Optometric Retinal Society and the Optometric Glaucoma Society, and is on the executive board of the Ocular Surface Society of Optometry.

We look forward to another inspiring education meeting in October. Please keep checking the AFOS website (www.afos2020.org) for updates to the education titles and schedule.
Hearty Congratulations to our 2010 AFOS AWARDEES!! The selection process includes a review of career highlights in the categories of Public Service, Service to the Visual Welfare of the Public, Service to Optometry and Service to State or AOA affiliates.

**AFOS Orion**: As an enlisted Soldier in the Army’s Olympic Training Program he competed in the Modern Pentathlon ranking third in this world event; deployed with the 1st Armored Division in ODS/DS earning the Bronze Star for his exceptional performance; completed the MBA and Residency Program at NSU in Tahlequah, OK with honors; developed, implemented, & administered an optometry residency in primary eye care at Brooke Army Medical Center; served as the 18th MEDCOM Optometry Consultant in Korea; Chief of Optometry at Evans Army Community Hospital, Fort Carson, CO and Fort Hood, Texas; selected and appointed to the Office of the Surgeon General (OTSG) to serve as the Chief of Army Optometry and Consultant to the Surgeon General. COL Glenesk was the Army’s agent for several landmark programs including: developing the initial concepts of a Vision Center of Excellence; key Army leader for the Combat Eye Protection program; spearheaded the creation of new WRESP sites at Fort Carson, Fort Stewart, a joint program at Elmdorf AFB, and Fort Bliss; Army’s Chief Liaison to the Association of Military Surgeons of the United States (AMSUS) in 2007, 2008, and 2009; challenged the SRTS team to create G-Eyes program; formed a partnership between Occupational Therapy, Physical Therapy, Optometry, and other medical specialties in developing a program addressing visual sequelae that accompanies TBI; as leader of Army Optometry and Optometry Consultant, directed the business operations and managed over 138 Active Duty Optometrists; decorated and holds fellowship in the Academy; inducted in the Order of Military Medical Merit and awarded the AMEDD’s Proficiency A Designator for professional excellence.

**AFOS OD of the YEAR**: He mentored and cared for children at the Amerasian Orphanage society and served as a “buddy” for the Special Olympics; he tutored students at the Landstuhl Middle School; and served in multiple Executive Council positions for AFOS. He implemented a system to improve diabetic retinal exams from 15% to 78% compliance; deployed on several humanitarian missions to include Nigeria, Senegal and the Ivory Coast. He deployed to Afghanistan, as well as Kosovo and Bosnia. Instrumental in Developing the Prescription Industrial Safety Glass Program; led the first Army lab to receive full certification; inducted into the Order of Military Medical Merit and awarded the Proficiency A Designator, representing the top 5% of the Army Medical Department; served as Director of Ancillary Services at the Pentagon; ran the optical fabrication lab at Pirmasens; served in the 1st Armored Division and the 2nd Infantry Division as well as served as the Optometry Chief at Shape, Belgium. Currently serving as the European Command’s Regional Optometry Consultant.

**AFOS Jr. OD of the YEAR**: Dr. Peter Carra is an AF HPSP recipient with first assignment at Andrews AFB; Fellow in Academy; DECON Unit Team Chief; Fitness Program Manager; President of the National Capitol Region Optometric Society; 2008 and 2009 Col Timothy Ray OD of the Year Award; Interim flight Commander; aide to White House physicians; active member of multiple organizations to include AAO, National Capital Federal Optometric Society, AMSUS, Military Officers Association of America; external director for PCO and SCCO; adjunct faculty for Pacific; instructor to medical students at Drexel; served at recruiting booths; volunteer for Boys and Girls Clubs; over 400 community service hours; active member of Lions Club; Opening Eyes Programs for Special Olympics; 4 H club Thanksgiving canned food drive; recognized as the 2009 Military Volunteer of the year raising over 15 K in the last few years.

….All this in only 4 years!!

(Continued on page 17)
Greetings! It is always nice to write this section shortly after returning from our Annual meeting. I feel full of news to share with the membership. I discovered at the meeting that we are now the 12th largest AOA affiliate! Equally exciting, our membership voted to swap the annual meeting and the FSO meeting. The annual meeting will now be held in conjunction with the AAO annual meeting whereas the FSO meeting will be held in Atlanta in conjunction with SECO. The meeting prior to the AAO has been better attended for a few years now so the meetings were moved in order to give more members voting power during the annual meeting. Quality CE and service chief breakout sessions will still be present at both meetings.

We are getting larger and the AOA is listening! Dr. Simpson is on the cusp of a universal federal service category at all AOA state affiliates. This category would allow all members to members of both AFOS and their state and likely for a reduced fee. We are big but we want to be even bigger! Our goal is to move into the top 10 largest AOA affiliates in 2011 or 2012. Shortly the membership committee and the marketing and communications committees, along with the help of Dr. Simpson and the executive council, will initiate a Drive for the Top 10 membership drive.

In 2010, the scope of practice for VA Optometrists was seriously threatened. Ophthalmology asked Members of Congress to sign a letter urging that eye care services within the VA system be unified, meaning that Optometry would be practicing under Ophthalmology. The AOA worked with Representative John Boozman in order to urge Members of Congress not to sign the letter. In March of 2010 the VA issued an informative letter, mentioning a veteran visual impairment prevention Implementation Plan. The letter affirmed an “equal partnership” in the delivery of VA eyecare. In May 2010 the Implementation Plan was released and it did threaten Optometry’s scope of practice. The AOA sent a letter via its attorneys to the VA Secretary stating that the Implementation Plan was a threat to patient care and optometry’s VA teaching programs and asked that the May 2010 Implementation Plan be withdrawn and a plan be developed consistent with the Informative Letter from March 2010. Due to the efforts of Rep. Boozman, leading VA optometrists and the Washington Office team the revised Implementation Plan rejects the original anti-optometry patient care guidelines. Furthermore, the revisions completely eliminate the review of eye disease cases by ophthalmology when the predominant care is provided by an OD and fully respect the clinical privileges of ODs and patient access to the full range of optometric care.

If you are not an AOA member please consider joining in order to help the AOA continue to defend and expand our scope of practice and to help AFOS become one of the top 10 affiliates. We can move into the top 10 with about 30-40 more AFOS/AOA members. If you are already an AOA member please pay your full AFOS dues and at least ¼ of your AOA dues by April 15th so that we can maximize our votes in the AOA House of Delegates in Salt Lake City this summer.

### 2011 AFOS Membership Committee

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<td>Keith Cespon</td>
<td>Michael Davis</td>
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<td>Veteran’s Affairs</td>
<td>Megan Hunter (chair)</td>
<td>Janel Chou, David Shen, Nancy Wong</td>
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ABSTRACTS
LCDR Michael Davis

William J. Feuer, MS, Donald L. Budenz, MD, MPH, Douglas R. Anderson, MD, Louis Cantor, MD, David S. Greenfield, MD, Jonathan Savell, MD, Joel S. Schuman, MD, and Rohit Varma, MD, MPH.


Purpose: To determine whether there are regional differences in the age-related changes in peripapillary retinal nerve fiber layer (RNFL) thickness as measured by time-domain optical coherence tomography (OCT).

Methods: Fast peripapillary RNFL scans obtained with the Stratus time-domain OCT with nominal diameter of 3.46-mm centered on the optic disc were carried out on 425 normal participants over a wide age range. One eye was randomly selected for scanning or analysis. Average RNFL-, clock hour-, and quadrant-specific rates of RNFL thickness change were calculated and compared.

Results: The 425 study participants ranged in age from 18 to 85 years with mean of 46 years. The average measured RNFL thickness was 104.7 micrometers. The decline in the average RNFL thickness was 2.4 micrometers per decade of age. Changes in RNFL thickness per decade of age ranged from 5.4 micrometers at clock hour 1 to 0.9 micrometers at clock hour 6. Similarly, the rate of thickness change per decade of age in the superior quadrant was 4.3 micrometers versus 1.5 micrometers in the inferior quadrant. The slopes of thinning superiorly and inferiorly were highly significantly different.

Conclusions: The age-related decline in normal RNFL measurements does not occur at equal rates around the disc and declines at a faster rate superiorly than in any other quadrant.

PROPOSED CHANGE TO THE AFOS CONSTITUTION AND BYLAWS

ARTICLE VIII. AMENDMENTS

Section 1. This Constitution may be amended only during the Annual meeting.

Section 2. Proposals to amend the Constitution must be made to the membership in writing at least sixty (60) days prior to the Annual meeting. One of the members of the Executive Council will read the proposed amendments on the floor at the Annual meeting.

Section 3. For passage of amendments, a yes vote of two-thirds of those present and voting is required.

Whereas:

(1) Some members of the Council have voiced their dissatisfaction with the present method of changing the AFOS Constitution being untimely and the fact that only a small number of members (10% or less) actually participate in making decisions regarding the AFOS Constitution.

(2) Due to the diverse membership make up, with members being located/stationed throughout CONUS/OCONUS, and the inherent physical, time, and financial limitations:

(3) The Council proposes that ARTICLE VIII Sections 1, 2, and 3 be amended to read;

Section 1. This Constitution and its’ Bylaws may be amended only during the Annual meeting or by an AFOS website survey.

Section 2. If a proposal to amend the Constitution is to be made at the Annual Meeting, it must be made to the membership in writing at least sixty (60) days prior to the Annual meeting. One of the members of the Executive Council will read the proposed amendment on the floor at the Annual meeting. If a proposal to amend the Constitution is to be made via a website survey, it must be made to the membership in writing sixty (60) days prior to the close of the survey.

Section 3. For passage of amendments, a yes vote of two-thirds of those present and voting at the Annual meeting is required or a yes vote by two-thirds of those voting on the website with a minimum of 200 votes.
Lieutenant Colonels

LTC James Auvil was promoted at AAFES Headquarters in Dallas, TX on 28 December 2010 with an effective date of 1 January 2011.

LTC Jennifer Camp was promoted on 11 February 2011 in front of her friends, family, and colleagues at DeWitt Army Community Hospital, Fort Belvoir, Virginia.

LTC Jose Capo-Aponte was promoted on 8 March 2011 at the US Army Aeromedical Research Laboratory (USAARL), Fort Rucker, AL. His wife Denise, daughter Paola, and son Gustavo did the honors of pinning on his new rank. The USAARL Commander, COL Joseph McKeon, hosted the ceremony.

Not pictured:
LTC Debra McNamara – Deb found out she was promoted at the Army break out session at SECO on 1 March when someone checked the HRC website at the start of the presentations. Since she was not prepared for a formal ceremony, a quick Sharpie change of rank and pinning ceremony was performed and just like that, she was an LTC. Congratulations!!!

TBI Vision Standardization Initiative

MAJ Jinjong Chung spearheaded the Army initiative to standardize TBI neuro-rehab diagnostic testing and treatment for primary eye care. His work is highlighted in the January 2011 edition of the Army Mercury and in the February 2011 AOA News. MAJ Chung is making great progress in developing a multidisciplinary team approach to TBI vision care. The Army Office of The Surgeon supported by the Vision Center of Excellence (VCE) held a TBI vision symposium at the National Intrepid Center of Excellence (NiCoE) on 16 and 17 February 2011 to synchronize the efforts of those who provide vision care to TBI patients. Seventy-five participants attended the symposium, including professionals from Optometry, Ophthalmology, Neurology, Occupational Therapy, Vestibular Therapy, Blind Rehabilitation Specialists, and others across the DoD, VA, PHS, VCE, Blind Veterans Association, VCE, Defense Center of Excellence for TBI, the AOA, and other governmental and non-governmental agencies. Although a majority of the attendees were occupational therapists and optometrists, other professionals present included physical therapists, ophthalmologists, a nurse practitioner, a family practice physician, and social workers. The lectures included TBI vision care from point of impact, surgical solutions, functional vision assessments, and rehabilitation efforts. The symposium allowed for eye-care providers and therapists to attend the same lectures so that cross communication would lead to better patient care through a holistic approach. The symposium achieved the goal of stimulating providers to think about an interdisciplinary approach to TBI vision care.

(Continued on page 14)
This time of year is a time of change for almost every optometry student. First year students on military scholarships will soon be heading off to their respective officer training schools, second year students are taking their first steps into the clinic and performing full-scope optometric exams, third year students are about to head off on external rotations, and fourth year students are just a month away from graduating and then reporting to their first duty station.

This previous AFOS annual meeting at SECO was one of great change. A big thanks to Mike Elton at HOYA Vision Care! For the first time ever, we had corporate sponsorship to send four students to the annual meeting. Every one of them reportedly had an excellent time meeting their future colleagues and commanders, and gleaned a lot of good information about their first duty stations and career advice as federal service optometrists. One of the biggest changes to come out of the most recent annual meeting is that all future annual meetings will be held in conjunction with the American Academy of Optometry, and the annual Federal Service Optometrists meeting will now be moved to SECO. Additionally, there will be an increased military presence at the AOA/AOSA annual meeting, Optometry’s Meeting. Since there are always an abundance of travel grants and scholarships to the Optometry’s Meeting (June) and the American Academy of Optometry (October), I would highly recommend doing your best to attend at least one of these while still a student. Also keep in mind that you get extra monthly pay for becoming a Fellow in the Academy once you graduate.

If you are a first year student or graduating fourth year student about to head to officer training school, I highly recommend researching your respective training schools to ensure you are within the required height/weight limits and that you can complete the physical fitness requirements (don’t expect to get in shape while you’re there). Additionally, if you have some time beforehand, it will be a good idea to memorize the officer and enlisted ranks of your service, the six articles of the Armed Forces Code of Conduct, and the words to your branch’s service song.

I would also like to introduce the new incoming AOSA National Liaison to AFOS, ENS Jenalyn Jotie. She is member of the class of 2012 at Nova Southeastern University College of Optometry and comes with a lot of experience. Keep an eye out for more information about the upcoming Optometry’s Meeting and the American Academy of Optometry/AFOS Annual meeting from her.

It’s been a pleasure serving as your AOSA liaison to AFOS. As always, if you have any questions feel free to contact your local liaison or email me at adam.preston@pacificu.edu.

**Army (Continued from page 13)**

**Iraq Optometry Conference**

The Army Optometrists of the 167th and 554th Medical Detachments (Optometry) conducted an Optometry Conference on 1 February 2011 at the Camp Liberty Optometry Clinic. They received continuing education and Officer Professional Development, and coordinated with their replacements by teleconferencing. This setting also provided a forum to coordinate primary eye health care in the region. The conference was a huge success.

L to R: MAJ Kyle Smith, MAJ Charles Tessman, CPT Eric Neelans, and CPT Brittany Ellis

Humanitarian Medical Missions/Medical Readiness Training Exercises (MEDRETE)

**Haiti MEDRETE**

MAJ Daniel M. Gruver, OD and the vision team consisting of CPT Michael Parsons MD, Precious Dongon A1C, and two translators deployed to Haiti from 20 August through 4 September 2010. They examined and treated a total of 2300 patient's and dispensed over 2600 pairs of eyeglasses.
These career service physicians were assigned and moved, as needed, to the various marine hospitals, and in 1889 the uniformed service component was formalized as the Commissioned Corps.

In WWI and WWII, some PHS officers were detailed to the military services. This is not unlike the present day war. PHS also had the responsibility to keep areas around military training camps in the US free from disease. Thus PHS was on the forefront of "military readiness" that is now under the role of each respective military service. After WWI, PHS was given the responsibility of caring for all returning veterans, until 1921 when Congress created the independent Veteran's Bureau. Thus, PHS was the forerunner of what are today's Veterans Affairs hospitals. During WWII PHS staffed and provided medical care/disease prevention in refugee camps in Europe and the Middle East. This humanitarian care is not unlike today's war, and similar to what the military services are currently doing in the war theater today.

While most optometrists equate the Indian Health Service (IHS) with the Public Health Service (PHS), it was not until 1955 that IHS fell under the jurisdiction of the PHS.

Today, PHS can be militarized under executive authority, and PHS is available for military or civilian emergencies, similar to the National Guard/Reserves.

Moving beyond PHS organizational history, what about AFOS as an organization, what's in store for the future of AFOS?

Like the PHS, I don't think anyone has the ability to predict what lies ahead for each of our individual organizations. In the past and now, our individual organizations have had to deal with Federal deficits, programs undergoing cuts, and funding restrictions. Furthermore, healthcare delivery models are expected to change.

Today, the Veterans Health Administration has developed health resources direct sharing agreements with military treatment facilities and other Department of Defense organizational components, which include National Guard and Reserve units. Joint Ventures have developed strategic alliances between DOD and VA for the purposes of long-term commitments of more than 5 years to facilitate comprehensive cooperation, shared risk, and mutual benefit. These Joint Ventures involve joint capital planning and coordinated use of existing or planned facilities.

Currently, the Department of Veterans Affairs (VA) has entered into a Memorandum of Understanding (MOU) to encourage cooperation and resource sharing between the Indian Health Service (IHS) and the Veterans Health Administration (VHA). The goal of the MOU is to use the strengths and expertise of both organizations to deliver quality health care services and enhance the health status of American Indian and Alaska Native veterans.

Today, the Defense Department is progressing on their "Medical Centers of Excellence", four hospital centers that are on their way to becoming the best in the world for research and treatment which involve a collaboration of military services and facilities.

In the future, I suspect there will only continue to be more collaborative efforts between the various organizations within AFOS that ultimately will keep our organization and profession strong for generations to come.

A past AFOS President, Fran McVeigh, spoke on the concept of "One Mission, One Team" and that truly exemplifies the diversity and unity of AFOS. When personally thinking about AFOS, I think the "One Mission, One Team" concept of our organization can also be expanded, to include the concept of "Fulfilling the Promise" of this great country, and exemplifying National Service." That "Promise and Service" takes many shapes/forms, but all the organizations within AFOS are doing an outstanding job at "Fulfilling the Promise" and providing "National Service."

How can we do better? How can AFOS leadership better serve our members?

We need to get those earlier in their careers involved in AFOS, versus simply being a member. We need to create opportunities that allow members to more readily participate, especially when funding for meetings is limited, and especially when members are deployed around the world. Technology is advancing, and AFOS will continue to evolve, and continue to improve opportunities to get our members involved.

In closing,
AFOS has recently achieved a milestone of being the 12th largest AOA affiliate.
AFOS is the flagship for optometry in the United States and around the world where our members are serving. With all our members help, with the help of the Executive Council, Council Members at large, and our Executive Director's hard work and passion, I hope to help move AFOS towards becoming one of AOA’s top 10 organizations working towards advancing our profession.
Deployments/Missions

Deployment: USS Iwo Jima 9-September-2010 to 11-October-2010 (LT Chris Cordes, OD)

I had the privilege of deploying on the USS Iwo Jima for the Continuing Promise 2010 mission. This was my second deployment on a Continuing Promise mission with the US Navy. This was my first experience on a USS ship. Despite being the same mission, this deployment was different than a deployment on a USNS.

From arrival, it is very apparent you are on a United States Ship of war, which happens to be assigned to a humanitarian mission. This my no means makes the mission less important or impressive. It just makes the mission a bit different. The USS Iwo Jima was not designed to be a hospital ship unlike the Comfort or Mercy. It is an industrial work site, designed to quickly move US Marines and all their “stuff” quickly from place to place. Thus you are on ship with upwards of 1700 personal, mostly US Marines and the US Navy staff that supports the ship. The 350 people assigned specifically to the Continuing Promise mission are welcome visitors for their time on the USS Iwo Jima. However, the entire ship knows they are not permanent and are along for just the mission.

There were gun shoots in transit instead of movie nights. There were boots and utility runs instead of barbeques on flight deck. The gym was packed with Marines lifting more weight than one can imagine and running at paces which would amaze you. You realize this is their life and your short sojourn into it is a privilege. It still however was a unique experience; which I would do again in a heartbeat!

The optometry part of the deployment is still very tough work. This deployment an optometrist was expected to see 80-120 patients per day. This number was a bit lower than past years, because of the extreme lack of supplies for the optometry part of the mission. But, the team does best with what it has.

The team this year was outstanding, lead by CDR Cyrus Rad, US Navy. Along with LCDR Tyler Miles (USN), LT Brian Engesser (USN), SSgt Sablan (USAF) and HM1 Marsh (USN), they made up the permanent staff for the mission duration. This was supplemented by other staff from other medical departments assigned to the mission. However, under CDR Rad’s leadership, the team came together and worked efficiently and provided much needed services to the host nations.

Team III, which I was honored to be a part of, was flown into Guatemala City, and then transported by helicopter across the country to the USS Iwo Jima. Our first stop was Bluefields, Nicaragua. Despite lukewarm relations between the USA and Nicaragua, the mission was able to provide some much needed services to the populations of Nicaragua. The daily “grind” of taking helicopter to work never got old. After Bluefields, we proceed to Chiriquí Grande, Panama, after a short delay doing “stand by circles” off of Honduras. This was in response to a developing Tropical Storm which bypassed Belize and Guatemala. In Panama, I got to interact a great deal with the indigenous Gnobe population. It was great to compare and contrast the indigenous of Panama to the indigenous of the United States. It was a long 30 days filled with great friends, great memories and awesome patients. But completely worth it! It is hard work but the reward is great! Liberty in Cartagena also helps too!
Awards (Continued from page 10)

AFOS Reserve Force OD: Joined the Navy Reserve as a Seaman Recruit; awarded a Scholarship (HPSP) for Optometry; tour at Naval Hospital Lemoore; Director for Administration for Operational Health Support Unit; serves on the City of Lemoore’s Planning Commission and a member of the City’s General Plan Steering Committee; member of the Lemoore Lions Club; awarded the Lions Humanitarian of the Year Award in 2007 for all his volunteer efforts in providing eye care to the underserved worldwide; volunteered on eight operational missions in Thailand, Peru and Alaska; partnered the Lions Eyeglass Recycling Program; mobile eye care; active member of the Tulare-Kings Counties Optometric Society, as President; California Optometric Association, serving as Key Person Coordinator for political action; created an endowed scholarship at SCCO for a graduating senior planning on practicing in an underserved rural community; AFOS Delegate to the AOA House; selected by the Chief, Bureau of Medicine and Surgery to serve as the Specialty Leader for Navy Reserve Optometry.

And Our First…. AFOS “COL Buzz” Student of the Year: Ensign Adam Preston, this year’s recipient, has numerous distinct contributions to organized Optometry at the student level. He has served as: the AFOS National Liaison to the American Optometric Student Association; the AFOS Local Liaison to Pacific University; the AOA PAC Regional Rep; Student AOA President at Pacific University; served as an Ambassador at his College and is a poster presenter, primary author & lead researcher, as well as having a published abstract. He received a $500 travel fellowship to attend the meeting.

Awards Recognition has moved to October Timeframe to align with the shift in the AFOS Annual Meeting

NEW DEADLINE FOR SUBMISSION!!!! ► 1 JULY ◄

HURRY!!! “Award those who Deserve!”... Recognize your colleagues. Why wait until the last minute? You may submit a packet anytime up until midnight (HST) on 1 JULY 2011. Start working on this year’s applications NOW! Please see the AFOS website for details on the nomination process: www.afos2020.org. Feel free to contact the Award Chair, Dr. Carol Rymer at Carol.Rymer@us.army.mil or Co-Chair, Dr. Marrie Read at Margaret.Read1@us.army.mil with any questions.

Army (Continued from page 14)

Supporting Each Other

Republic of Korea

“Eyes on the Penninsula.” That is the motto of the 215th Medical Detachment (Optometry), 168th Multifunctional Medical Battalion. Recently, the unit traveled more than 360km to the southern edge of the peninsula in order to provide optometric care to beneficiaries at Commander, Fleet Activities Chinhae. The Team consisted of MAJ Grace Dewars, the 215th MED DET Commander, MAJ Keith Schmidt, CPT Erica Chae, SSG Terrence Elliott, SGT Clarence Ware, SPC Michael Rausch, and PFC Lucas Sellars.

The Southern Regional Medical Command (SRMC) Expert Field Medical Badge challenge at Camp Bullis, TX saw a 100% pass rate for the Optometrists competing from Ft. Stewart, GA. CPT Donnie Appleman and CPT Kristi Bartee competed for the coveted badge and graduated on 25 February 2011. The ODs were joined in victory by Optical Fabrication Specialist (68H), SSG Autumn Rodriguez of Fort Jackson, SC. The training and testing were intense and ensured that each graduate was indeed an expert. The unforgiving land navigation course sent 70% of the candidates packing. Of the 39 that passed land navigation, only 23 survived the three grueling combat testing lanes.
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AFOS members can now pay their AFOS and AOA dues on our website.  
http://www.afos2020.org
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”

“Contributions or gifts to the American Optometric Association are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The American Optometric Association estimates that the non-deductible portion of your AOA 2011 dues - the portion that is allocable to lobbying - is 9.5%. **“**