

ICO MATTERS

SPRING 2015 • V14 ISSUE 1

SEE FOR YOURSELF GRAND OPENING OF THE ALFRED AND SARAH ROSENBLOOM CENTER ON VISION AND AGING



ICO & THE CHINESE
AMERICAN SERVICE LEAGUE

DETAILS ON TWO NEW
OPTOMETRIC PROGRAMS

ANTHONY BARONE RETIRES

ICO

20

14

ANNUAL
REPORT



ICO

HEY, WHERE'S THE ANNUAL REPORT?!

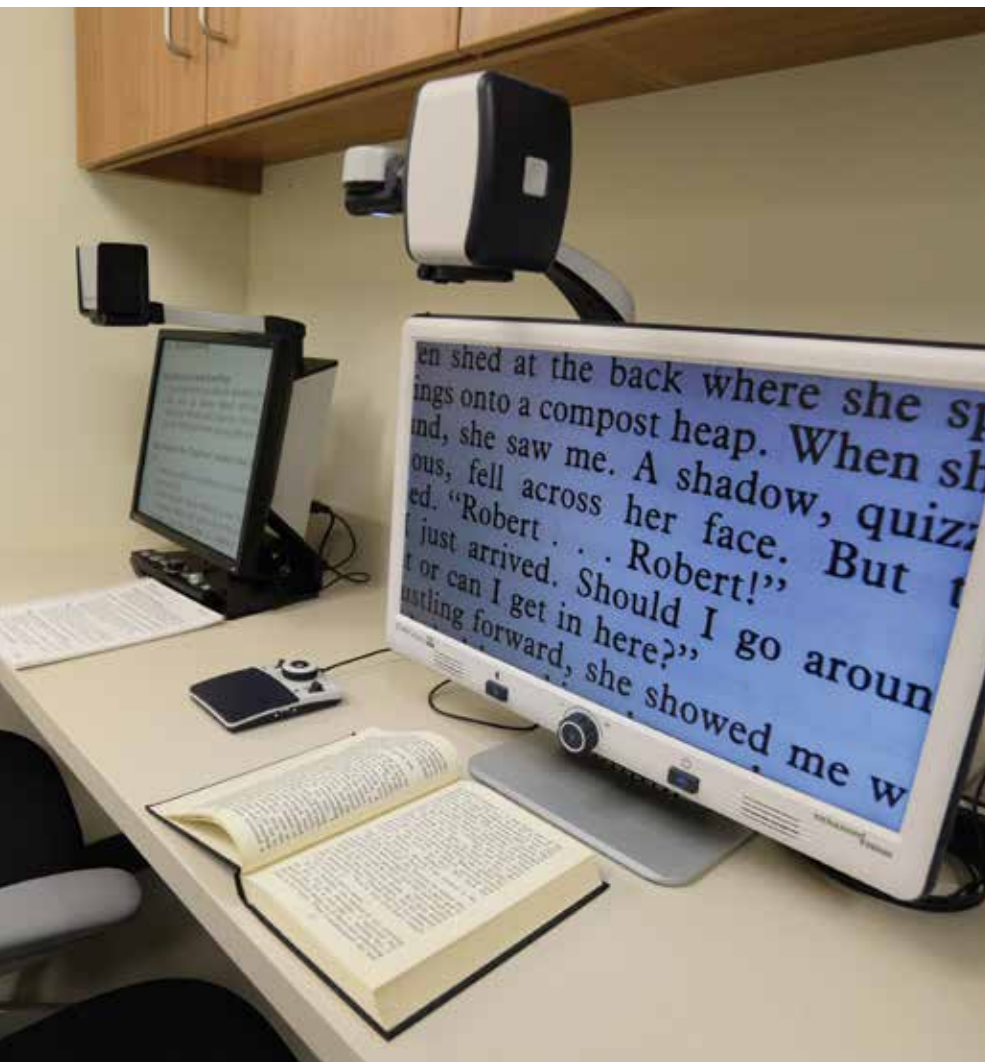
HIGHLIGHTED BY THE CAMPAIGN FOR THE ALFRED AND SARAH ROSENBLOOM CENTER ON VISION AND AGING, IT'S BEEN AN EXCEPTIONAL YEAR FOR GIVING AT ICO—ALL THANKS TO YOU. YOU BET WE WANT TO SHOW YOU THE NUMBERS!

THE ANNUAL REPORT—INCLUDING OUR HONOR ROLL OF DONORS AND FINANCIAL SUMMARY—HAS GONE DIGITAL.

FIND IT HERE:

WWW.ICO.EDU/ANNUAL-REPORT-2014

WE APPRECIATE YOUR SUPPORT!



On the cover:

The donor wall inside the entrance of the Alfred and Sarah Rosenbloom Center on Vision and Aging measures 8 feet tall and 19 feet wide, and contains 152 glass blocks. So far, 133 blocks are inscribed. The color of the block corresponds to the donation level. The wall was designed by Sara Hopkins at Jensen & Halstead.

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ICO MATTERS

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ICO Matters is the alumni magazine of the Illinois College of Optometry. It is published three times per year.

Contact *ICO Matters* at communications@ico.edu

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EDITORIAL

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A close-up photograph of a lit sparkler, with bright orange and yellow sparks radiating outwards against a dark background. The sparks create a starburst effect, filling the lower half of the frame.

Get Fired UP!

Save the Date
ICO Homecoming

Sept. 11-13

Reconnect with your old friends and alma mater! Highlights include a **White Sox game**, a **dinner cruise** on the Odyssey, five hours of CE and **two fireworks displays**! And what would an ICO Homecoming be without a **Blind Spot**?

For more details and hotel information (including group rate) go to ico.edu/homecoming

Questions?

Contact senior director of alumni development Connie Scavuzzo at 312-949-7080 or alumni@ico.edu

Talking Heads

This January, the Mayo Clinic licensed the King-Devick Test, developed by 1976 alumni Alan King and Steven Devick while attending ICO. Measuring saccadic performance as it relates to reading ability, the test is used to detect concussions. Despite the fact that Mayo considers the K-D Test the gold standard for sideline concussion diagnosis, the test is still not widely used in the NFL. If given the opportunity to speak to NFL officials about concussion diagnosis, what would you say?

I'm not terribly concerned about millionaires playing for billionaires. But what happens on Sunday, happens on Friday.

At the highest level of play, the NFL is setting an example for millions of athletes, from collegiate and high school down to USA Football and Pop Warner leagues.

Athletes at the professional level represent only a small percentage of the total number of athletes playing football. The vast majority are at the high school and youth levels where the medical personnel afforded to professional athletes are limited, if not totally absent.

Professional athletes have access to countless physicians on the sidelines, as well as eyes in the sky specifically tasked with identifying possible head injuries. Even with all these safeguards in place concussions still occur and players still continue to play with blatant head injuries.

In most cases, team physicians use a test called the SCAT3, an eight-part physical and cognitive test conducted on the sidelines that takes about 15 minutes and requires a medically trained administrator. The King-Devick Test is much more straightforward for an inexperienced physician or coach to grade than the SCAT3. Many concussed athletes have passed the SCAT3 exam but failed the King-Devick Test, and recent studies have shown that the King-Devick Test not only has the highest capacity among sideline tests to distinguish concussed from non-concussed athletes but that it is also tremendously additive to other sideline evaluation tools.

Optometry is distinctively suited to fill a vital role in concussion management by incorporating King-Devick concussion baselines into annual exams as well as patient and parent education on the utility of effective sideline tools to benefit athlete's overall brain health.

-Danielle Leong, OD, FAAO
ICO Primary Care and Ocular Disease resident, 2012
Senior Director of Research, King-Devick Test

The King-Devick Test has been found to be a highly reliable, cost-effective, and time-efficient method to assess the likelihood of brain concussion on the sideline of sporting events. It is already being used as a sideline tool at the high school and college level to triage those likely to have a concussion, even those with no obvious symptoms. It seems to me that the NFL would be well advised to utilize such a proven assessment technique that optometrists have been using for years. In contrast to other much more time intensive and costly assessments the NFL is currently using, the King-Devick Test would offer great value to the players and the NFL with high reliability.

-Arol Augsburger, OD
ICO President

Arol Augsburger, OD



Danielle Leong,
OD, FAAO



Alicia Kinch '16

The biggest drive for any athlete or sport is the win. Athletes are continuously asked to be at the top of their game both physically and mentally every moment to compete and reduce personal error for team success. When concussions go undetected, an athlete's potential for error increases as their mental game is now faltered. Pristine athletes are being put at risk for sustaining an even worse mental game with repeated and unhealed concussions. As a result, an athlete may never return as the same player they were before.

The NFL pays for the best athletes to help their team win. With the King-Devick Test's ability to rapidly detect concussions, it gives the NFL and its' players the opportunity for earlier identification and a quicker onset for recovery. This should potentially allow each athlete to keep that pristine mental status—before repeated, unhealed concussions cause more serious injuries. In the long term, I see the NFL benefiting through the potential of the K-D Test to extend the length of their athletes' careers. Even more importantly, as these athletes age, the NFL would be helping to preserve a healthy mental status for the individuals, long after their playing days are over.

-Alicia Kinch '16
President, ICO Sports Legacy Institute Community Educators chapter

For more complete responses, please see icomatters.ico.edu/king-devick-test.



Editor's Note

From your first view of the cover, you probably noticed something different about this issue of ICO Matters. After five years with our previous design, the communications department at ICO decided to shake things up in an effort to freshen the magazine's aesthetics and to feature more timely content. From a visual standpoint, some of the key differences of the redesign include a new font selection, a reformatting of our Class Notes and In Memoriam sections, and a larger page size to facilitate a more airy feel.

Content-wise, we've added five new sections:

Talking Heads replaces our President's Message and is intended to be a forum in which a variable panel of voices responds to a timely issue impacting the profession and/or the college.

Trending capitalizes on our robust social media presence and pulls in content from Facebook, Instagram, Twitter, YouTube and ICO's blog.

Life in Pictures aims to explore in detail the existence of an individual associated with ICO through the lens of a single day.

Essentials goes beyond the professional and into the personal, by exploring alumnus' must-haves, from vacations and desserts to cars and TV shows.

Vault provides a place to discover some of the incredible archival photos and slides hiding in plain sight at ICO.

The redesign process has been a satisfying one for the communications department, filled with brainstorming sessions and scouring our favorite magazines for inspiration. Our ultimate goal was to expand upon the way we tell the stories of ICO and its people—students and alumni, faculty and staff—and hopefully have a little bit of fun, too. We hope you're as happy with the end result as we are.

Erin Engstrom, editor

Professors Conduct Pioneering Birth Order Study

Birth order is thought to affect everything from a child's personality to IQ. Now ICO professors **Drs. Christine Allison** and **Darrell Schlange, OD '64** have concluded that birth order can also affect vision. They've found, in the first known study of its kind, that first-born children tend to have better eye movement skills, which suggest a higher reading readiness prior to entering kindergarten. They presented the findings at the American Academy of Optometry's annual meeting in Denver last November.

"Our research demonstrates that first or only children enter kindergarten with better visual function," says Dr. Allison.

30% of students develop vision problems by third grade.

"This may result in early school success and earlier reading when compared to children later in the birth order," says Dr. Schlange.

The results suggest that coloring, drawing, putting together puzzles, solving mazes and working in activity books—activities first-born children are routinely encouraged to perform before entering kindergarten—may lead to better eye movement skills at that age.

The study also looked at changes in visual function and found that 30 percent

ICO Launches 'Crossing Lines' Series

The stories behind why students choose to attend ICO are as unique as the individuals themselves. That's why we launched our new video series 'Crossing Lines' in December—to demonstrate to prospective students the diversity of our student body. The series is unscripted, the goal being for subjects to offer an authentic, unfiltered look of the decision-making process and what life's really like now that they're at ICO.

Featured students run the gamut, from a hockey-mad French Canadian to a transfer student from New York to a Southern Californian whose pre-optometry friends all opted for programs back home.

"The entire series shows people from all races, genders and socioeconomic backgrounds united under one seal, that of optometry and specifically that of ICO."

"I truly feel that the only way to get where I need to go is to elevate or give assistance to those around me," says 'Crossing Lines' subject and Chicago native **Chris Bugajski '15**. "If I can somehow make an impact on a kid from Chicago, then I have done my job. I was once that kid, and someone made an impact on me."

"The entire series shows people from all races, genders and socioeconomic backgrounds united under one seal,



Canada to ICO

French Canadian and ICO class of 2017 student Julie Lafreniere is right at home in Chicago and says that life at ICO is amazing! She loves how close the Residential Complex is to classrooms and clinic and says it's a great way to meet people.

[+ More](#)



Chicago to ICO

ICO class of 2015 student Chris Bugajski is a Chicago kid, born and raised. He says choosing ICO was the smartest decision he's ever made. Chris has been entrenched in the city his whole life, and even shadowed an ICO alum on the Magnificent Mile.

[+ More](#)



Florida to ICO

When Floridian Zachary Walburg was applying to optometry schools, he was looking to be in a big city. He had some great interview day experiences, but he knew he'd found his new home once he got to Chicago.

[+ More](#)

that of optometry and specifically that of ICO. The hopeful optometrist can identify himself or herself with one of us, and then take that next step and say, 'I can do that, too!'"

of students had developed vision problems between kindergarten and third grade. Not one of these students had been diagnosed with visual problems during their pre-kindergarten exams.

"This is a trend we expect to see more often," says Dr. Allison. "Students today use technology, such as computers, hand-held devices and tablets, in the course of their school day, but we are finding that those devices put undue stress on visual systems while they are still developing."

Drs. Allison and Schlange are careful to point out that increased screen time is only one variable at work; others include changes to kindergarten curriculum,

less time for recess and recreation, and increased demands on students' visual attention. Nevertheless, they recommend monitoring children's use of backlit screens, even for educational purposes, to give kids' visual systems a better chance to develop appropriately.

The findings are part of a longitudinal study that followed 128 students with similar socioeconomic backgrounds from kindergarten to third grade. Students at a Chicago parochial school were given comprehensive eye examinations including eye-movement tests and full ocular health evaluations the summer before they entered kindergarten. A subset of the

same group was examined again the summer prior to entering third grade. "We believe more research is needed to further examine the rapid changes in our children's visual functions," said Dr. Schlange. "Ours was a small sample size but we saw big changes."

Changes in visual function can have an effect on academic performance. "Reading in third grade historically moves away from the 'learning to read' model and becomes more focused on 'reading to learn,' which is why it is so important to diagnose any new or worsening vision problems before they cause academic difficulties," says Dr. Allison.

In Focus

The Men of ICO Get Their Own Calendar

It's no secret that across the ranks of faculty, students and staff, there are some pretty special guys at ICO. Their memorable mix of brains and brawn (okay, let's face it, mostly brains) is celebrated in the new Men of ICO calendar, released in January by ICO's American Optometric Student Association chapter.

Conceptualized by AOSA trustee **Vivien Yip '16** and photographed by **Jonathan Dong '16**, the calendar took about three months to come together from start to finish, including recruiting models, editing photos, pricing out printing companies and distribution.

The calendars sold for \$12 apiece and the final amount raised was \$990.



Joan Stelmack, OD '77, MPH Awarded AFOS OD of the Year

Dozens of faculty and alumni presented at the American Academy of Optometry's annual meeting in Denver last November, but the ICO community had something even more special to celebrate.

During the meeting, Joan Stelmack, OD '77, MPH was awarded the Armed Forces Optometric Society's OD of the Year Award.



Dr. Stelmack's primary appointment with the Department of Veterans Affairs is at the Edward Hines, Jr. VA Hospital, where she's chief of low vision optometry. She's also a consultant at the Jesse Brown VA Medical Center. Additionally, she's clinical associate professor of ophthalmology and director of the low vision service at the University of Illinois College of Medicine at Chicago, as well as an adjunct professor at ICO.

In March of 2014, Dr. Stelmack

received the VA OD of the Year award. The AFOS OD of the Year is selected among the ODs of the Year from the different military branches. "I was very surprised when they called me and told me I'd received the AFOS award," she says. "It was humbling because some of the other optometrists have done some remarkable things."

As a low vision specialist, Dr. Stelmack has a hard time imagining a better place to practice than the VA. "Many of the services are provided at no cost, and no veteran ever pays for a low vision aid," she says. "VA regulations allow us to give veterans CCTVs, iPads, iPhones, computers—all kinds of equipment. So in a way, I would describe the VA as the nirvana of low vision."

Dr. Stelmack just celebrated her 31st year with the VA. "I was the first optometrist hired full-time for a blind center, but we didn't



have any education programs or research programs, and it was strictly inpatient when I started," she says. "We built a residency

"VA regulations allow us to give veterans CCTVs, iPads, iPhones, computers—all kinds of equipment. I would describe the VA as the nirvana of low vision."

program that's affiliated with ICO, we have multiple millions of dollars for federally funded research. So all these programs evolved, as did the outpatient low vision service. Sometimes people say to me, 'Aren't you tired of the same job?' Well, the job keeps changing."

Five Ways ODs can Think Like an MBA—and See Big Results

Remember all those operations, finance and marketing courses we took in optometry school? Me neither. Unfortunately, it's hard to run a business without at least a rudimentary understanding of basic business concepts. You do not need an MBA to succeed as a practice owner, but the role does require you to think like an MBA at times. Here are a few ways to accomplish that.

1 Track the numbers

You may have heard the phrase "If you cannot measure it, you cannot improve it." Fortunately, there are many things we can measure in an eye care business. Tracking the numbers allows you to set goals for improvement based on historic data and also compare your practice to industry norms. Key metrics to track include:

- **Gross revenue per comprehensive exam**

The median gross revenue per comprehensive exam is \$306. This number is fairly consistent across all practice sizes. But the top 10 percent of practices average over \$500 per exam. After tracking this for a few months, you'll have a better idea how you compare with your peers. This number reveals a lot about a practice's patient education process, product capture rates and effectiveness of your product mix and pricing.

- **Glasses capture rate**

What percentage of your patients are walking out without making a purchase? Granted, not every patient is a candidate for new eye wear, but the average capture rate for glasses is around 60 percent. If you isolate patients who were given a prescription for new glasses, the capture rate should be closer to 80 percent. How do you compare?

- **Multiple pair sales**

How effective are you at selling multiple pairs? The industry average for second pair sales is around 5 percent, but the top practices are closer to 20 percent. One of the main obstacles to multiple pair sales is that doctor and staff often fail to recommend or even discuss additional eye wear option, such as prescription sunwear or computer glasses. In many cases,

doctors and staff are passive in this area, assuming the patient cannot afford more than one pair. An alternative approach is to recommend the best eye care options and let the patient decide what they can afford.

2 Manage your finances

The profit and loss statement, also called an income statement, is a summary of the income and expenses that occur in your practice. P&L statements are a useful way to measure the growth of your practice and be sure that your expenses are in line. Key categories that are tracked are gross revenue, cost of goods sold, staff expense, occupancy cost, marketing, equipment, general office overhead and practice net. Your take-home pay is directly impacted by your ability to effectively manage these categories.

3 Make marketing work for you

Many ODs ask what marketing strategies they should adopt for their practice. Up until very recently, most marketing campaigns were based on interrupting people with ads. This model is not dead, but it is broken. It's difficult to stand out among all the noise. More importantly, technology has leveled the playing field for small businesses. Leveraging web tools like social media, email and online video allows optometric practices to reach the right people with the right message in a cost-effective manner. Focus your marketing strategies on educating, entertaining and connecting with people in your community who matter to the success of your practice.

4 Adapt to change

Change is inevitable in today's competitive marketplace. Eye care is no exception. Managed care, discount retailers and the internet have become major forces shaping the future of eye care. A willingness to adapt to trend

shifts and striving to remain ahead of your competition are serious competitive advantages for any business owner. Invest in your practice, pursue innovation and don't be afraid to stray from the way things have "always been done."

5 Become the CEO of your business

As an optometrist business owner, how much time do you spend working on your business as opposed to in it? In the early stages of owning an optometric practice, you will likely wear many hats—doctor, technician, optician, receptionist. As the practice grows, so does the level of complexity. Oftentimes, the excitement of growth is replaced by a sense of burden. At some point, it's time to move away from the day-to-day tasks of running a business and assume the role of CEO. A business without a CEO tends to suffer from unfocused decisions, lack of direction and stifled growth.



Steve Vargo, OD '98
pursued his passion for practice management by earning his MBA from the University of Phoenix in 2008. A published author and speaker with 15 years of clinical experience, he now serves as vice president of optometric consulting for Prima Eye Group in Atlanta.



Trending



The #AOA is at the IEI today, filming a piece for Save Your Vision Month (March!). We can't wait to see the end result!

February 10

ICO
BLOG



Before I left, I spoke to my girlfriend about how hard it would be to maintain our relationship. I had heard from friends in optometry school that long distance relationships were especially stressful in first year because of its difficulty. I wanted to make sure that we could work things out—that we would see each other as much as possible in between quarters and reunite at the end of these four years as if nothing had come between us.

January 14



As you probably know, Chicago received its fifth-largest snowfall in history on Sunday, with an accumulation of 19.3 inches.

Over the last few days, our facilities team has been furiously plugging away at the white stuff to keep our roads and entryways clear. Collectively, they've put in 123 hours and counting!

Thanks so much to Pedro, Maurice, Roy and Opie for your hard work. And an EXTRA big thanks to Robert, who worked on the snow 34 1/2 hours straight, and Gonzalo, who worked 31 1/2 hours straight.

February 3



We're thrilled to be serving the eye/vision care needs of the Austin community MT @kschorsch IEI partnering w/ Loretto Hospital

February 1



"The center is unbelievable for techies. I'm coming to get my eyes examined just so I can watch the giant television" #RVCA

January 18



Our own @ggoodfellow1 explains #TheDress for @AOAConnect! MT @ggoodfellow1 White and Gold for sure! aoa.org/news/inside-op...

February 27



This photo is by @iamajenny. The left side shows the view with glaucoma, the right is the original.

Thank you for participating in our #GiftOfSightcampaign for #GivingTuesday (today!). See more photos and learn about the Alfred and Sarah Rosenbloom Center at www.ico.edu/giving-tuesday-2014.

December 2



Today in awesome: An iPad game may help restore binocular vision in patients with amblyopia <http://www.aoa.org/news/clinical-...> via @AOAConnect

January 6



ODs in DC! Congress' sole optometrist, Sen. John Boozman (R-AR) is hosting our delegation on Capitol Hill. Allie Morales'15 looks right at home in the Senate, doesn't she?

February 12



Best wrapping paper ever.

December 16



/IllinoisCollegeOfOptometry



/ICO_Optometry



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/ico_optometry

Close Up: Anthony Barone



For the first edition of this new feature, ICO's very own "Godfather" allowed staff photographer Brian Holloway to follow him around on January 23, the day of his retirement reception. The college's longtime friendly gatekeeper retired on January 30 after 17 years at the college.

Interview by Erin Engstrom



9:06 a.m.

"This is my dentist, Dr. John Sandrik. I've been going to him since I moved into my neighborhood, Clearing, in 1998. I'm getting a new partial. Because I'm an old man."

Close Up

8:25 a.m.

"Every morning I take one vitamin pill, one heart pill and I take an aspirin. I give to St. Jude Children's Research Hospital, and on the fridge are pictures they send me of the kids."

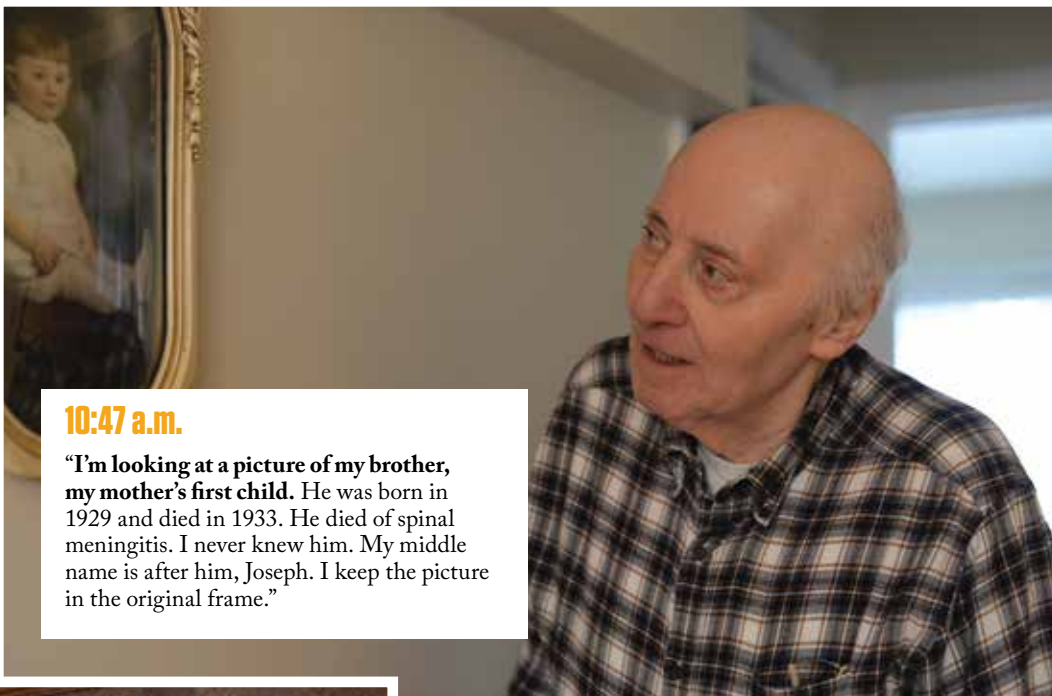
8:38 a.m.

"This is a little ritual. I just put my coat on, and with my OCD sometimes I have to wash my hands before I leave the house. I do it every time I leave the house if I'm wearing a coat and hat."



10:18 a.m.

"I'm doing laundry in the basement. Usually my cleaning lady helps me a lot with most of my laundry."



10:47 a.m.

"I'm looking at a picture of my brother, my mother's first child. He was born in 1929 and died in 1933. He died of spinal meningitis. I never knew him. My middle name is after him, Joseph. I keep the picture in the original frame."

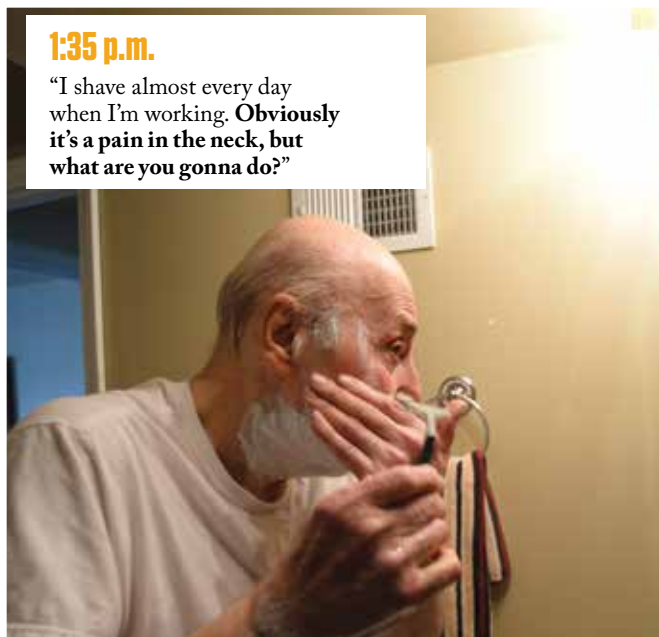
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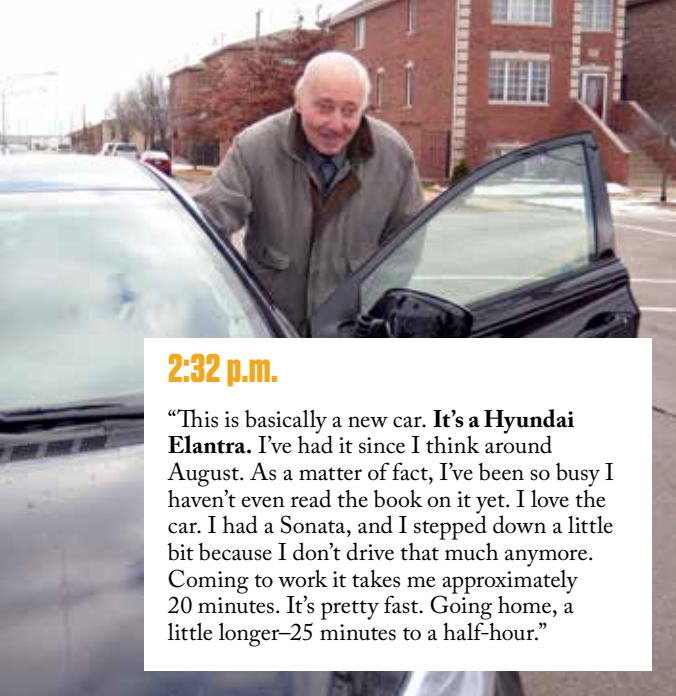
"I'm having a plain waffle with some strawberries at Jedi's. We go there quite a bit, me and my brother. You can always get in and get waited on real fast."



1:35 p.m.

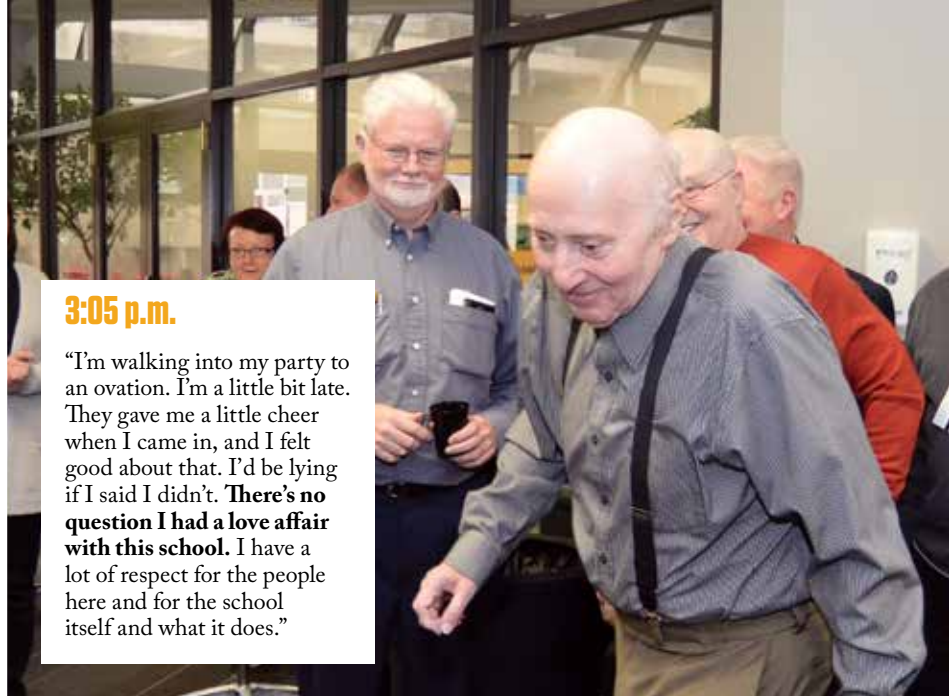
"I shave almost every day when I'm working. Obviously it's a pain in the neck, but what are you gonna do?"





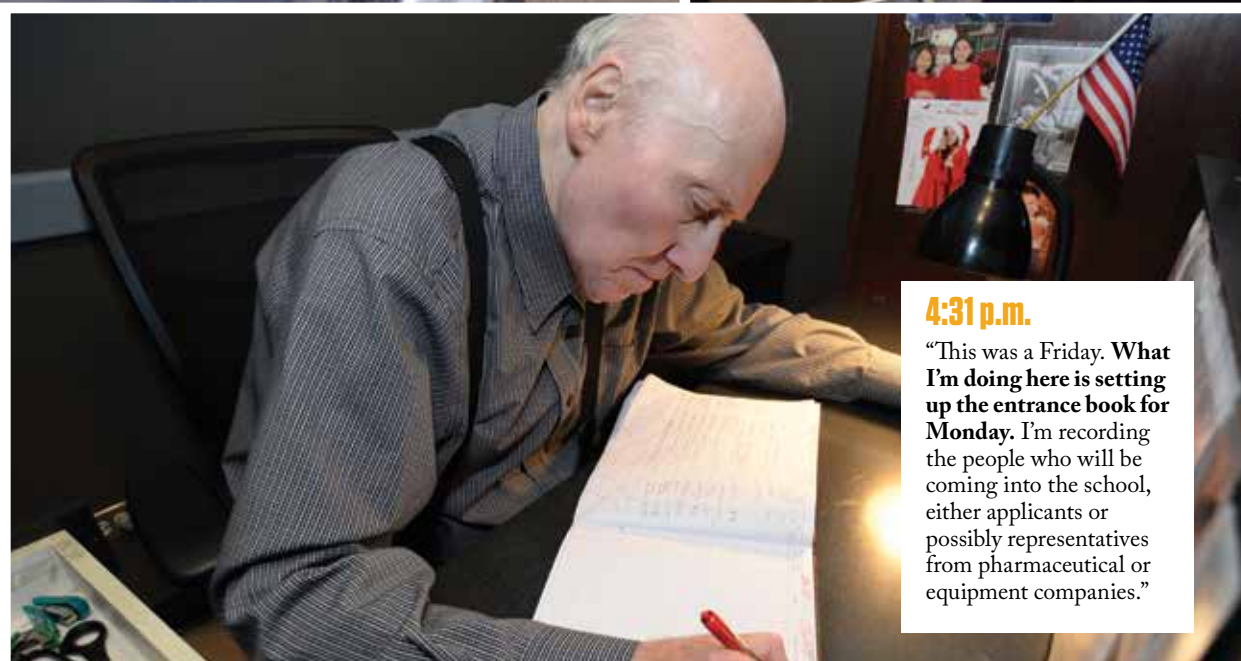
2:32 p.m.

"This is basically a new car. **It's a Hyundai Elantra.** I've had it since I think around August. As a matter of fact, I've been so busy I haven't even read the book on it yet. I love the car. I had a Sonata, and I stepped down a little bit because I don't drive that much anymore. Coming to work it takes me approximately 20 minutes. It's pretty fast. Going home, a little longer—25 minutes to a half-hour."



3:05 p.m.

"I'm walking into my party to an ovation. I'm a little bit late. They gave me a little cheer when I came in, and I felt good about that. I'd be lying if I said I didn't. **There's no question I had a love affair with this school.** I have a lot of respect for the people here and for the school itself and what it does."



4:31 p.m.

"This was a Friday. **What I'm doing here is setting up the entrance book for Monday.** I'm recording the people who will be coming into the school, either applicants or possibly representatives from pharmaceutical or equipment companies."



4:46 p.m.

"I'm hanging out with some guys from security before I go—**Hank Bertucci, Jack Rupaner and Jimmy Kuhn.** Hank is probably saying something about the police department. I go up to visit them quite a bit. Sometimes I'll stay late at night and eat with them in the cafeteria, maybe once every couple weeks."

A DAY TO REMEMBER, A LIFE'S WORK TO HONOR

The Alfred and Sarah
Rosenbloom Center
on Vision and Aging
is unveiled

By Erin Engstrom







“This has been a two-and-a-half-year passion project for me, but the reality is, it’s been a lifetime passion project for Dr. Rosenbloom.”

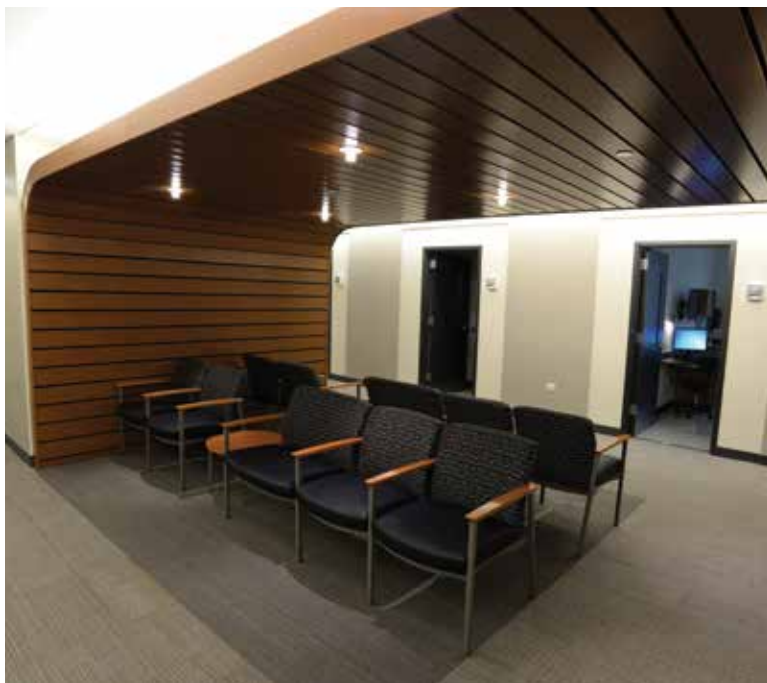
So said **Eric Baas, OD '06, FAAO**, at the January 18 grand opening ceremony of the Alfred and Sarah Rosenbloom Center on Vision and Aging at the Illinois Eye Institute. As chief of the center, he’s been involved with each and every painstaking detail regarding the new facility, from community outreach and connecting with referring doctors to service offerings and web presence.

But the real stars of the show were the center’s namesakes: **Alfred A. Rosenbloom, Jr., OD '48, MA, DOS**, and his wife, **Sarah**. Dr. Rosenbloom served as dean of ICO from 1955 to 1972, president from

1972 to 1982 and remains a distinguished professor emeritus. He was inducted into the National Optometry Hall of Fame in 2010. The establishment of this innovative center ensures Dr. Rosenbloom’s long career, dedication to the practice of optometry and commitment to ICO will be recognized for decades to come.

In his event remarks, Dr. Rosenbloom noted the ever-growing need for geriatric vision care, a point punctuated by the fact that the center’s schedule was booked through the end of January. He also said the center wouldn’t have been possible without Sarah, his partner of more than 66 years. “Her devotion, steadfast faith and love have made the difference.”

Sarah exhibited characteristic pluck while making her remarks. “Amy and Tina aren’t



here—I guess their invitation got lost in the mail,” she said, referencing the Golden Globes that took place the week before. “If Emmy and Oscar can have awards named after them, why can’t I?” she asked, before presenting her self-styled ‘Sarah’ awards. In addition to her husband, honorees included ICO president **Dr. Arol Augsburg**; vice president for student, alumni and college development **Mark Colip, OD '92**; senior director of college development **Patricia de Maat**; the Rosenbloom Center’s **Tracy Matchinski, OD '95**; Dr. Baas; and everyone in the audience.

The event drew about 200 people, including Congressman Bobby Rush and Alderman Pat Dowell, and representatives from the offices of Senator Dick Durbin, State Senator Mattie Hunter and State Representative Esther Golar.

Designed by Chicago-based architecture and interior design firm Jensen & Halstead, the Rosenbloom Center offers primary and secondary vision care to adults, vision rehabilitation and adaptive technology for vision-impaired patients of all ages, occupational therapy, electrophysiology services and psychological support—all in a private practice-like setting.

The \$1.82 million facility met its initial fundraising goal, and a year ahead of schedule at that. But, as Dr. Baas noted in his address, the work of the Rosenbloom Center is far from over.

“Now’s the time we have to start implementing the patient care elements, the education elements, the community outreach elements,” he said. “By no means is this process over. We’re just getting warmed up.”





Vivien Yip '16 treats patient Man Wong at the IEL.



CULTURAL CONVERSATIONS

BY JACQUI COOK

**After 14 years, ICO's
partnership with the
Chinese American Service League
is as strong as ever.**

It's a winter day at the Illinois Eye Institute, and third-year student **Vivien Yip** has a jam-packed schedule, filled with classes, clinic and multiple extracurriculars. But she makes sure to carve out time for one particular patient, an 80-year-old coming in for a consultation about his upcoming cataract surgery.

Man Wong is traveling from Chicago's Chinatown neighborhood—about a mile from the IEI—and he speaks only Cantonese. The language barrier can make the prospect of eye surgery confusing and frightening. Fortunately for him, Yip is fluent in Cantonese and was in the clinic to translate at the man's initial visit and his pre-surgery consultation. She'll do her best to be there for any post-surgery visits, too.

"I want to be around so I can explain to him what to expect and what his vision will be like after the surgery," says Yip, who was born in Hong Kong and grew up in Toronto. "My Cantonese isn't perfect, but I try my best and I think patients like him appreciate having someone who understands them and where they are coming from."

To say Chinese-speaking patients appreciate having a trained optometry student accessible to translate is an understatement. The availability of these students at the IEI has been instrumental in bringing in patients from Chinatown who might not otherwise get the vision care they need. In turn, the patients give the students experience learning to communicate about eye exams and treatments in their native or second language.

This patient-student relationship grew out of another equally important partnership: the one forged in 2001 between ICO and the Chinese American Service League. CASL is the largest, most



Dr. David Lee presents at CASL in 2003.

comprehensive social service agency in the Midwest dedicated to serving the needs of Chinese Americans. It provides child services, elder services, employment training services, family counseling, and housing and financial education to more than 17,000 clients each year.

This past December, CASL honored **Leonard Messner, OD, FAAO**, ICO's vice president for patient care services and executive director of the IEI, with a volunteer award for his work to establish, maintain and grow the partnership between ICO and CASL. **Esther Wong**, executive director of CASL and one of the organization's founders 35 years ago, says the honor is well deserved because the program has brought eye care to people who may have never seen an optometrist before in their lives.

"It has been an invaluable benefit, especially for the seniors," Wong says. "The Chinese do not emphasize preventive medicine. They don't do anything until something is wrong. So their eyes are the last thing they think about unless they can't see. But now they are educated on the importance of eye care, and Dr. Messner has arranged it so it's affordable for them to get care, and they have someone there who speaks their own language."

For his part, Dr. Messner says the relationship with CASL is equally as invaluable to ICO.

"It's a patient population that we're honored to serve," Dr. Messner says. "It's our mission to serve all in need, and with the Chinatown community being right down the street, it's an obligation and privilege of ours to serve their needs. We recognized very quickly there were a lot of eye care needs within that community."

Casual Conversation

The roots of the program began with **David Lee, OD, PhD**, a longtime ICO professor who now serves in an emeritus capacity. Dr. Lee has been a volunteer with CASL for more than 20 years, including seven on its board. When CASL opened a new youth center around 2000, Dr. Lee—an expert table tennis player—volunteered to teach the game there and discovered the conversation often turned to his day job at ICO.

"The Cantonese-speaking patients are more comfortable when I walk in and they ask me if I speak Cantonese. When I say yes, they tell me everything."

Stephanie Kwan '15

"There were so many questions as soon as they found out I was an optometrist and a professor at ICO," says Dr. Lee, who was born and raised in Hong Kong. "Many of them had never gone for an eye exam. So I would answer their questions and then I started giving talks and trying to help those people. If there was something I could do to help, I would, including sending them to the IEI. When I started at ICO in 1981, there were practically no Chinese patients at the IEI even though we were a mile away from Chinatown."

After seeing the scope of issues within the Chinese community, particularly the senior citizens, Dr. Lee realized there had to be a way to formalize the relationship with CASL and regularly get people to the IEI for exams and treatment. So he brought the idea to his friend Dr. Messner, and together with CASL they began laying the groundwork for a program to educate the Chinese community about their vision health and ensure they received regular vision care.

Dr. Lee began holding lectures about vision issues and meeting with the different CASL groups, not only seniors but also parents of young children and school-age kids, and adult groups. He encouraged them to get regular eye exams and seek treatment for any problems they may be having. What he found was exactly what he suspected: The vision care needs were deep, varied and largely ignored.

"At the end of the talks, they would have so many questions they wouldn't let me go," he says. "A lot of these folks were first generation immigrants. They weren't highly educated—they came from rural China, some of them maybe 30 or 40 years ago, and were not rich or wealthy. They had not seen an eye doctor for many years, and those who did were refraction-only. Many of them had hidden eye problems."

Finding the Translators

After the first wave of talks and meetings with residents, Dr. Lee identified about 100 seniors who needed to come to IEI for exams. “That meant we had a huge problem because none of them speak English and I cannot see 100 of them at the same time,” he says.

Unlike when Dr. Lee had to rally a couple students to help him out in the early days of the program, those who are bilingual now sign up through ICO’s Multicultural Student Association to be translators. Currently, about 11 percent of ICO students are of Chinese descent, and a fair number of them speak the language. If a Chinese-speaking patient schedules an appointment, clinic staff tries to ensure a fluent student is in that day. If there isn’t a student available or the patient did not schedule in advance, IEI staff will try to find a student around campus to come to the clinic and assist.

“With the Chinatown community being right down the street, it’s an obligation and privilege of ours to serve their needs.”

Dr. Leonard Messner

“It worked very well from the patient standpoint and gave them a great sense of relief,” Dr. Messner says. “What we didn’t anticipate was the benefit to the optometry students. They enjoy giving back to their heritage and their community.”

After they had seen just the first 39 patients, the need became very clear. Among them, a staggering 67 percent needed glasses and more than 50 percent had some form of eye disease that required medical or surgical intervention.

With that data in hand, Dr. Messner went to the ICO board—of which Esther Wong was a trustee from 2000 to 2003—to make the partnership official. They agreed immediately and the partnership has been going strong since. “The way Dr. Messner created the program, the board was delighted to see this is what we are doing for our local community, so it has continued,” Dr. Lee says.

For patients without health insurance, IEI created the Vision of Hope Health Alliance to take care of their eye and vision needs. With CASL on board as a founding VOHHA partner, the program was ultimately funded by the Robert Wood Johnson Foundation.

“CASL is a wonderful organization for us to be partnered with,” Dr. Messner says. “We try to support each other, and that is easy to do because we have aligned missions—taking care of the communities in which we reside.”

Growing and Evolving

Since that first wave of patients in 2001, the partnership has grown into an integral part of the training at IEI and the services offered at CASL. Grant money from the NIH has funded some vision screenings at CASL, involving several faculty and staff members for a day, and those patients are referred to the IEI as needed. ICO professor and assistant dean for research **Yi Pang, MD, OD, PhD** has been part of those screenings and says it is always gratifying for both the patients and the students.

“These patients really want to have their vision taken care of, but the big thing for them is that language barrier. They have no idea what to say or what they should do,” Dr. Pang says. “And many of our Chinese students want to see Chinese patients and learn to treat them. Many will come to me to ask for these opportunities. So this is rewarding for both the patients and the students.”



CASL president and co-founder Bernarda Wong presents Dr. Leonard Messner with the organization’s volunteer award in December.

Before she left to do her externship in North Carolina, **Stephanie Kwan** was often one of the students called to assist because she is fluent in Cantonese. The fourth year is grateful to have had the experience because after graduation she is planning to go back to Toronto and treat the Chinese community there. She says her experience trying to treat the IEI’s Hispanic patients without knowing any Spanish has made her understand even more what Chinese patients feel like if she or another translator is not available.

“I can understand how tough it is for patients if the communication isn’t there,” Kwan says.

“They want to tell you something is wrong with their vision but they can’t get their point across. The Cantonese-speaking patients are more comfortable when I walk in and they ask me if I speak Cantonese. When I say yes, they tell me everything.”

Wong says Kwan’s plans are precisely the result she wants to see from the program—optometry students trained to treat patients in their own language, then going back into those communities to set up practices.

“We are from the social services side, so we like to see Chinese students go back and serve their own communities,” Wong says. “If they graduate and don’t know what a cataract is in Chinese, they won’t go back. It’s a good learning experience for them.”

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On Feb. 17, ICO's vice president and dean for academic affairs **Stephanie Messner, OD, FAAO** led a phone conversation with ICO alumni **Andrew Buzzelli, OD '73, MS** and **Sunny Sanders, OD '78, FAAO**. Respectively, they serve as the founding deans of the University of Pikeville Kentucky College of Optometry and the Midwestern University College of Optometry-Illinois. Depending on the accreditation process through the Accreditation Council on Optometric Education, it's anticipated that both programs will welcome their first class in 2016 or 2017.

This conversation has been edited for length.



DR. MESSNER: With regard to your position as founding dean of an optometry program, what have you found to be the most rewarding aspect, Sunny?



DR. SANDERS: We're just getting rolling, but I think the most rewarding thing at this point is the ability to have a school where there's no limit to what your imagination

can provide. We can think about what would be the perfect educational experience for a student and build it literally from the ground up, in an effort to better educate the future of optometry. That's almost unheard of in most environments. In long-established schools, it's very difficult to sometimes see change occur. But here, I can actually look at a situation and say, 'Gosh, we should be able to do this better.' And I can come up with an answer, and I can actually make it happen.

We also have a different philosophy because it's a different type of environment, being at a multi-discipline school versus a stand-alone school. It goes beyond just optometry and allows me to be creative in addressing just about any aspect of healthcare.



DR. BUZZELLI: What's most rewarding is that right now we're in a period that's probably unlike any point in time in the profession. If you tried to predict

25 years ago how optometry would look today, who would have come up with this? And you can't predict what optometry is going to look like in the next 25 years. As a founding dean, you have to serve the profession. And the profession is changing by leaps and bounds. And the scope of our practice has to change. So the schools have to serve the profession and make sure that the scope of the profession is changed. And make sure students gain skills beyond the current scope of practice. We have to prepare them not just for today, but for 20 years from now.

And for me, access is very important. Here in Central Appalachia there are three main rural healthcare centers. Those three alone have a patient base of 35,000 individuals. And they have no eye care—not one optometrist, not one ophthalmologist. Last year, the rate of diabetic eye exams among that patient population was 10 percent. That's just diabetics alone.

SM: I have to say that what you are listing as the rewards sounds a little bit like the challenges, too. But I suppose that taking on those challenges can be quite rewarding.

Another thing I want to ask you both: What do you think are the key factors that differentiate one optometry program from another? How will your programs be different from the others?

AB: What differentiates the programs, Stephanie, is mission. Some programs will have very similar missions. Some programs will have very different missions. For us, our mission is access. In addition to creating excellence in optometric



THE MOST REWARDING ASPECT AS A FOUNDING DEAN IS THE ABILITY TO HAVE A SCHOOL WHERE THERE'S NO LIMIT TO WHAT YOUR IMAGINATION CAN PROVIDE. WE CAN THINK ABOUT WHAT WOULD BE THE PERFECT EDUCATIONAL EXPERIENCE FOR A STUDENT AND BUILD IT LITERALLY FROM THE GROUND UP.



education, our mission specifically states that we have to provide access for Appalachia and for rural America.

SS: At Midwestern, we have a couple of missions we're addressing. Our program, of course, is a multi-discipline program, which is a different approach, but it goes beyond that. The term we use is 'one health.' We're actually looking at educating all healthcare providers, all 18 healthcare-related programs at Midwestern.

We're trying to go beyond even what the effect on people would be. It's the effect on the interactions of people with

DR. SANDERS' PROFESSIONAL PATH

1

ICO

2

RESIDENCY

3

ICO FACULTY

4

PRIVATE PRACTICE

5

SO. CALIFORNIA COLLEGE OF OPTOMETRY

6

ARIZONA COLLEGE OF OPTOMETRY

7

MIDWESTERN COLLEGE OF OPTOMETRY

other creatures on the planet, as well as the environment. How does the health of an animal, a pet, affect our health, our environment? What happens when we throw away expired prescription medications? What's the effect on the planet, on humans and on other creatures? So we're thinking on perhaps a grander scale than many other institutions are.

SM: Sunny, you mentioned earlier that the thing that you found rewarding was the opportunity to build a program from the ground up and to make it look like you think it should. Without any preexisting program in place, you can do your own thing and there isn't the history there to prohibit you. With that in mind, how is the program in Downers Grove going to look different than the program in Glendale?

SS: That's a good question. Well, I wouldn't say it's the Sunny School of Optometry. I'm trying to bring in other people's opinions as well. But the Glendale program was a different design. It was designed for the state of Arizona's healthcare system. It also has the Midwestern University flavor of a very strong basic science foundation.

The program in Downers Grove will have basic science as part of its foundation as well, but it's actually going to be switched around a little bit to make sure that the optometry experience is right up front.

In first year, students will have a lot more hands-on experience with other professionals in the clinic building. In Arizona, we have separate clinic buildings. Here, we have one clinic building. So the curriculum is built so that they'll be interacting literally from week one of first year in this multi-discipline picture, serving the people of Illinois in a different motif and different emphasis. So they'll be working directly with the DOs and the dental students and faculty and other professions right from the get-go, rather than a little bit later.

SM: Where do you see your program fitting into the landscape of optometric education overall?

AB: Well, Stephanie, first of all, a place in the landscape has to be earned. We've got 21 great schools out there. And so we've got to come up to at least where they are.

After that, where I see our program fitting in is particularly expansion of scope of practice. There is no eye care in our location. Our students will be coming into a place where they are the eye care. So they're going to have to know a lot about medicine, a lot of the surgical procedures, laser procedures and other ophthalmic procedures. Since in Kentucky we can do these procedures, I really see our niche as providing clinical experiences for the expanded scope of practice.

SM: Do you anticipate that the majority of graduates from your institution will practice in under-served rural areas?

AB: Stephanie, you mentioned challenges before, and that's probably got to be in the top five of my challenges. That's my mission. But how do you do that? The biggest thing I have to do is recruit from the area. I also have to count on the state and other venues for scholarship-type of funding for students, so that some of the expenses can be relieved if graduates are going to practice in these areas.

There are only three ophthalmologists that serve this whole region, and only two of them are even in the hospital. So the hospital here will be part of our major clinical training ground. Our students will rub shoulders with the other men and women from the other professions, who are committed to serving in rural areas. Last year, our medical school ranked fifth in the nation in terms of rural medicine. Our students will take classes with the medical students. So by continued exposure from day one over the course of four years, my anticipation is that graduates will continue to practice in rural areas.

SM: With more than 160 students per class, ICO class sizes are larger than they used be—a fact that's drawn criticism from some of our alumni. If you look at the data from the 2013-14 OptomCAS cycle, it indicates that now there's only about 1.4 applicants per seat available in the 21 existing optometry schools in the United States and Puerto Rico. What concerns do you have with regard to the applicant pool and the appearance that the number of qualified applicants per available seat is dwindling?

SS: Obviously, the entire profession is concerned about that. I think every school is definitely concerned about the quality of the applicant pool. I'm sure all the schools go out and talk about the profession of optometry from high-school-age groups on up. I personally will go and talk about optometry because it's a profession that's honorable and worthwhile and beneficial for every being that it touches.

“THE APPLICANT POOL HAS JUST BEEN DISCUSSED FOR SO LONG, I THINK IT'S JUST A BLIP ON THE RADAR. OPTOMETRY IS SO YOUNG. OPTOMETRY AND THE WAY IT'S PRACTICED TODAY OCCURRED AFTER WORLD WAR II. MEDICINE GOES BACK TO HIPPOCRATES, THAT'S 400 B.C. SO WE'RE A BABY PROFESSION THAT HAS MADE INCREDIBLE STRIDES, MORE THAN ANY OTHER PROFESSION. AND RIGHT NOW, IT'S ON THE VERGE OF ITS NEXT BIG EXPLOSION.

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Yes, I think there's going to be a decision that's going to have to be made about what to do about existing programs as well as the new programs. But I think we have to be part of the solution. We all have to get out and do our part to find those applicants that are appropriate for this profession.

I've already proposed a schedule to go to various states around Illinois that don't have schools of optometry and talk to young people about the profession. Because it's not just the first year we have to fill, it's every other year going forward. And it's not just for Midwestern, but for the entire profession of optometry.

I am also concerned about the number of educators that our profession has and should have. Part of our program is lifelong learning, and that was put together to try to help create the future educators for the profession. I'm pretty serious about contributing to this profession by helping young people become the future educators of optometrists. And so that starts with them going through a program and then going for advanced degrees and residencies and on and on. We have to create those individuals as well.

AB: The applicant pool has just been discussed for so long, I think it's just a blip on the radar. Optometry is so young. We think of ourselves as being middle-aged. I mean, I was taught that in school, and it's not true. Optometry and the way it's practiced today occurred after World War II, when all those hundreds of men and women came out of the service and went into optometry. They saw it as a bright future. And everything expanded to meet that.

Medicine goes back to Hippocrates, that's 400 B.C. So we're a baby profession that has made incredible strides, more than any other profession. And right now, it's on the verge of its next big explosion, and that's directly tied to expansion of scope of practice.

Why do we need more optometrists? I think the answer is right there in the



WE HAVE TO BE PROGRESSIVE, AND KEEP PUSHING OUR PROFESSION FORWARD. WE NEED TO KEEP PUSHING THE EXPANSION OF OUR SCOPE OF PRACTICE. IF WE KEEP OUR PROFESSION MOVING FORWARD IN THE HEALTHCARE REALM, WE WILL ALWAYS BE WINNING, OUR STUDENTS WILL BE WINNING, AND OUR INSTITUTIONS WILL CONTINUE TO GROW.



workforce study that the AOA did. You need them when you expand the scope of practice. And that's what the new schools and all schools have to do. We have to make graduates understand the importance of becoming members of their state optometric associations, because strength in numbers expands the scope of practice. And if we expand the scope of practice, 10 years down the road we'll never be able to handle the number of applicants to optometry programs.

We also need to address the expense of education. I'm in discussions now with a lot of the community colleges around here. At Incarnate Word, I instituted a Bachelor of Science in Vision Science, put in a two-plus-two program. Students can stay at home, save money, do the first two years of the BSVS at area community colleges, then transfer and start the third year of the bachelor's program. That's how we made sure that we recruited for access. So we have to begin to create the applicant pool. We can't stand there and continue to recruit when these individuals are in their junior and senior years in college. It has to start before that.

At the University of Pikeville, they have what's called the Scholar's Program. They take single parents with children, and they arrange to have the children and the parents fed and housed. The parents go to school. Childcare is provided. And tuition is taken care of so long as grades are maintained. I intend to expand that program into the optometry school. We have to become innovative in our creation of the applicant pool. And it's not just through marketing.

**DR.
BUZZELLI'S
PROFESSIONAL
PATH**

1

ICO

2

**SUNY COLLEGE
OF OPTOMETRY**

3

**PRIVATE
PRACTICE**

4

**AIR NATIONAL
GUARD/ AIR FORCE**

5

**PENNSYLVANIA
COLLEGE OF
OPTOMETRY**

6

**ROSENBERG
SCHOOL OF
OPTOMETRY**

7

**KENTUCKY
COLLEGE OF
OPTOMETRY**

SM: Your referenced the AOA workforce study. And if you look at the study, one can spin its conclusions pretty much any way they want. But I gather from what you're saying that you're not concerned about an oversupply of optometrists in the future?

AB: No, because the workforce study answered that, very clearly. If we expand the scope of practice, we can't produce enough optometrists. And the ophthalmologists' production rate, as you remember from the study, is flat. And Bureau of Labor Statistics data shows there's a tremendous need for more optometrists than we're currently producing. But I think the AOA workforce study says if we do not expand the scope of practice, we are going to run into a problem. If we graduate optometrists with the same skills we have now, that's not going to help the patients. It's not going to help the profession. It's not going to help the students. So the key is expanding the scope of practice.

SM: I don't disagree with you with regard to scope of practice. I think the workforce study even said that if currently practicing optometrists practiced to the full level of privileges, we'd be in reasonably good shape.

A concern that some of our students raised was about how the opening of new schools would impact clinical education. Midwestern is opening its doors 25 miles from our institution. Sunny, what are your thoughts about patient base and optometric education between institutions that are proximate to one another?

SS: I actually experienced this before being at Southern California College of Optometry, which was about a 15-minute drive from Western University of Health Sciences' College of Optometry. Western's program actually started when I was on faculty at SCCO. And of course, the same questions were asked then. And I'm not saying that it's bad to ask those questions. The patients literally could drive between the two clinics and get there within, a 15-

to 30-minute drive. So did that impact the patient numbers that we're seeing in either clinic? No, it didn't. And both schools obviously are functioning at the level that they need to function at because they're both accredited. And the students are still getting excellent clinical exposures.

I think if we bring that forward to the state of Illinois, yes, we will have a second school close to the first school. But look at the population of Illinois, look at the need in the state, look at the impact of the Affordable Care Act on the nation and, in particular, Illinois. I've researched this a lot because I want to make sure we're going to be able to help patients and not dilute the clinical exposure for the students. And there's thousands and thousands of patients who will now be able to access appropriate eye care in just local area around Downers Grove. So within Illinois and, in particular, around Chicagoland, there's no end to the number of patients that all of these clinics are going to be able to service.

SM: One last question. Considering the challenges on the horizon with the expansion of degree programs—optometry degree programs and physician assistantship programs and all of these programs that are expanding in the health realm—as well as the changes that are being brought on by the Affordable Care Act, what do you envision for the future of optometric education?

SS: I think we have to be progressive, and keep pushing our profession forward. We need to keep pushing the expansion of our scope of practice. And that's really the bottom line. Andy is absolutely right: If we keep our profession moving forward in the healthcare realm, we will always be winning, our students will be winning, and our institutions will continue to grow.

I think where we'll possibly stumble is if we become somewhat shortsighted in worrying about the things that are always going to get in the way—new schools opening, should we treat a particular condition. I mean, we know what our skillset is about. We know where we can expand. And I think optometry, as a profession,

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WHAT DIFFERENTIATES THE PROGRAMS IS MISSION. FOR US, OUR MISSION IS ACCESS. IN ADDITION TO CREATING EXCELLENCE IN OPTOMETRIC EDUCATION, OUR MISSION SPECIFICALLY STATES THAT WE HAVE TO PROVIDE ACCESS FOR APPALACHIA AND FOR RURAL AMERICA.

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has endless, endless possibilities. And so our schools should have the same. That's how I look at our profession. We're the limiting factor. It's not the profession.

AB: The future of optometric education involves closer partnerships between the schools. I think the schools are very independent, and we do an excellent job in education. But I think a little more interdependency would serve us all very well. I think the leader in this has to be ASCO. ASCO does a great job with some things. But I think ASCO has to now lead the way in innovation as to how we recruit, innovation as to when we start the processes. And ASCO needs to begin to look at what the schools have in common, so we can share and the education process grows for all of us and not just grows for individual schools.

SS: Regardless of where a student comes from, we all want them to be good doctors.

SM: I would certainly agree with that.

SS: And so it's really all about making sure the students get what they need.

SM: Well, thank you both so much. It's been really been interesting to hear your perspectives on developing new programs. I know that some of the questions I asked you were on controversial topics. But I think it's always good to hear opinions on these topics. And I thank you for sharing them with us.

Class Notes



1940s

1949

J. J. Abrams, NICO, marked his 65th year in practice in January. He sees patients three afternoons a week at Abrams Eye Care in Westside, Ind. He's the oldest practicing optometrist in the state and says he has no plans to retire.

1950s

1950

Alfred Lee, NICO, continues to open the doors at the practice that bears his and his son's name in the Chinatown district of San Francisco. The 94-year-old has been operating the practice in the same location since 1951.

1960s

1968

Thomas Wells joined Krzyzak Eye Care in Liverpool, N.Y.

1970s

1974

Ron Anderson retired after 40 years of practice in Battle Creek, Mich.

1979

Ruth McAndrews was presented with VOSH International's Lifetime Achievement Award on Nov. 16 at the VOSH annual meeting in Denver. She was honored for her lifetime of service to humanity, improving visual welfare through selfless leadership, invention and public health awareness.

1980s

1981

Sandra Block was presented with Prevent Blindness America's Distinguished Service Award at the AAO meeting in Denver. Additionally, she was elected Alumni Council Trustee for ICO's Board of Trustees. She will serve a three-year term.

1984

Julie A. Schornack was named one of 2014's Most Influential Women in Optical by *Vision Monday*. She currently serves as vice president for clinical affairs at Marshall B. Ketchum University's Southern California College of Optometry.

1985

William Dean completed his 26th year at AuSable Eyecare in Grayling, Mich. He also completed the AuSable Canoe Marathon, a non-stop, 19-hour canoe race in the summer of 2014.

1990s

1994

Ingryd Lorenzana was named a 2014 Influential Women in Business by the *Daily Herald Business Ledger*.

1995

Tom Mahaffey joined Central Illinois Eyecare in Normal, Ill.

1996

Nicholas Colatrella was installed as president of the Minnesota Optometric Association in February.

Kenneth Jeffers was inducted as a member of Central Arizona College's Wall of Success in 2014. He was recognized for his volunteerism and accomplishments, most notably with the nonprofit organization FaithWorks.

2003

Pavan Avinashi received the 2014 Young Entrepreneur Award during the 17th annual North Vancouver Chamber of Commerce Business Excellence Awards event.

2004

Amy Lagina married Brian Kunkel on Sept. 6. She practices at the University of Michigan Kellogg Eye Center and with the VA Ann Arbor Healthcare System.

2005

Phillip Elston opened Clarity Advanced Eyecare in Birmingham, Mich. He and his business partner, Jared Most, OD, have developed a dry eye management center within the practice. Both doctors are also on staff at the John D. Dingell VA Medical Center.

Class Notes

2007

Ryan Ames received an MBA from the University of Wisconsin Oshkosh in December.

2008

Evan Kuhn joined Midwest Family Eye Center in Brainerd and Staples, Minn.

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2010s

2010

Chris Borgman authored an article in *Primary Care Optometry* on inexpensive treatment options for common conditions.

Jessica Condie joined Kehoe Eye Care in Galesburg, Ill.

Karina Conlin got married Nov. 8 in Madison, Wis. The following month, she joined Columbia Ophthalmology, affiliated with New York-Presbyterian/Columbia University Medical Center, as a primary care optometrist.

Gerianne Mulanix welcomed a daughter, Judith Grace, on Dec. 22. Big brother is two-year-old Ezra David.

2012

Eric Coy joined Family Optical Centre in Rockford and Belvidere, Ill. He practices primary care optometry while also focusing on pediatrics and contact lenses.

2013

Jared Fairbanks joined Midwest Vision Centers in Hutchinson, Minn. He resides in Litchfield with his wife, **Jennifer Mulder, OD '13**.

In Memoriam

1940s

1943

Marvin Bines, NICO, Milwaukee, June 28. He served in the U.S. Army during World War II and was commissioned as a second lieutenant.

Robert S. Keller, NICO, St. Joseph, Mo., Nov. 11. After entering the United States Army and receiving basic training, he was assigned to eye clinics in Camp Barkeley, Texas; Fort Lewis, Wash.; Okinawa; and Seoul. He was a founding member of the U.S. Coast Guard Auxiliary.

1946

Lucia S. Burrell, NICO, Spartanburg, S.C., Dec. 11. She was a lifelong member of the South Carolina Optometric Association and an active member of Spartanburg's Business and Professional Women's Club.

1948

Ben A. Belkin, NICO, Ft. Lauderdale, Fla., May 12. He practiced in Lynchburg, Va., until he retired to Florida in 1980.

Willard Johnson, NICO, Hillsboro, Ill., Feb. 5. He enlisted in the U.S. Marine Corps and served as a lieutenant in the Pacific Theater during World War II, including the U.S. invasion of Iwo Jima in 1945.

1949

Warren Bohlinger, NICO, Wisconsin Dells, Wis., Jan. 4. He enjoyed traveling the world with his wife. He was a life-long innovator, working with all things mechanical and creating stained glass art and wood-working projects.

Don Hoffmann, NICO, Goshen, N.Y., Feb. 5. He practiced for 44 years until his retirement in 1995, seeing more than 53,000 patients during his career. He was honored with the Goshen Chamber of Commerce's Lifetime Achievement Award for his many contributions to Goshen and a lifetime of "service above self."

C. J. "Doc" Howe, Jr., NICO, Homer, Mich., Sept. 20. He practiced in Homer and in Hillsdale, Mich., for a total of 50 years. He was a life member of the Michigan Optometric Association and the American Optometric Association. He was a member of the Omega Delta Professional Optometric Fraternity in Chicago, and a former member of the Homer Lions Club.

Murray Rice, NICO, San Diego, Oct. 12.

Burton H. Skuza, NICO, St. Paul, Minn., Sept. 18. He served as a medic in the U.S. Army during World War II. He was stationed in North Africa and Sicily, and landed at Omaha Beach on D-Day. He continued his service during the Battle of the Bulge. He was honored at the White House by Presidents Carter and Reagan for his volunteerism in vision care for the elderly.

Williams H. Speer, Jr., NICO, Owensboro, Ky., Jan 18. He served in the U.S. Navy during World War II as a radioman aboard the USS New Jersey. He practiced in Owensboro for 40 years.

Joseph J. Tokarz, NICO, Richmond, Va., Nov. 4. He served in the U.S. Army during World War II in France and Japan. He was a member of the Virginia Academy of Optometry and past president of the Virginia

Optometric Association. He practiced in Richmond and West Point, Va., until his retirement in 1988.

Jack A. Wofford, NICO, Forest City, N.C., Feb. 15. He served in the U.S. Air Force during World War II as an aviation technician on the B-24 Liberator bomber in England. He was the recipient of the European-African-Middle Eastern Campaign Medal with four service stars. He practiced in Forest City for over 30 years and was very involved in the community, serving as chairman of many boards.

Alan York, NICO, East Hampton, N.Y., Nov. 29. He was a founding member and former chairman of the Cultural Education Committee of the Jewish Center of the Hamptons, former chairman of the Guild Hall Film Committee, and taught a Shakespeare study group.

1950s

1950

Larry Brothers, NICO, Joplin, Mo., Jan. 23. He served in the U.S. Army during World War II as a sergeant, participating in the European Theater, including the Battle of the Bulge. With his wife, he served in 24 VOSH missions. He practiced optometry for 33 years and influenced his two sons to follow in his footsteps.

Richard "Doc" William Kahle, NICO, Lincoln, Neb., Jan. 5. He served in the South Pacific during World War II. He owned a private practice before joining Pearle Vision in 1988, where he practiced until his retirement.

Wesley J. McKenzie, NICO, Sun City West, Ariz., July 24. He served in Italy during World War II. He operated his own practice in Bellevue, Wash., for 37 years.

1953

David Welte, CCO, Rochester, Minn., Jan. 4. He served in the U.S. Navy during WWII. While in the Navy, he was on a mission that tested the atomic bomb in the Pacific. He practiced in Rochester for over 40 years with J. L. Block, OD, CCO '55.

1954

Jack Baldwin, NICO, Loami, Ill., Oct. 27. He enlisted in the U.S. Air Force and was stationed in Fort Worth, Texas, where he served in the Military Police. His life-long interest in theater and music led him to develop and manage the Danville Light Opera. In 1971, he took a position with IPCO Optical in Springfield, Ill., where he practiced until his retirement in 2006.

1955

Conrad E. Mazeski, NICO, Mt. Prospect, Ill., Dec. 1. He practiced in Mt. Prospect for over 30 years. His passion was helping children with vision problems.

1960s

1964

Neil Henry Stuhmer, Alma, Neb., Jan. 8. He opened a practice in Holdrege, Neb., and was later joined by Wayne Quincy, OD '77 and Craig McCormick, OD. He retired in 2010, after 46 years in practice.

1969

Paul "Vet" Hake, McCall, Idaho, Jan. 13. He practiced in McCall and the neighboring communities for over 43 years.

James Wylie Hartzell II, Clive, Iowa, Dec. 10. He was president and owner of Vision Clinic and held numerous leadership positions within the optometric profession throughout his career.

**Got alumni news?
Please share.**

CONTACT:

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JULIE BERG RYAN, OD '75, MSEd operates her own practice in Irvine, Calif. The 1999 California Optometrist of the Year and 2001 ICO Alumnus of the Year also serves as an adjunct professor at the Southern California College of Optometry at Marshall B. Ketchum University, where she previously served as chief of pediatric vision services. Herewith, some of her favorite things.

COLLEGE FOOTBALL

I'm a fan. I'm a person who can watch anybody play, but I do make an effort to watch the Big Ten because I'm from Iowa. I try to watch the University of Iowa every weekend. I work on Saturdays, though, so I don't catch all the games.

LEXUS IS F

It's got 425 horsepower. When needed, I can get out of the crowds of the traffic here in California. It's white in color, so the police don't look at it quite so critically. I would have preferred the royal blue option, but it wasn't available at the time, so I chose the white.

It's probably worked out to my advantage.

MYFITNESSPAL

It's my go-to app for tracking what I eat. In addition to all my food, I also enter how many steps I take in a day. It's a way to keep me alert and not to go crazy overeating.

HAWAII

We purchased a property on the Big Island last year and we're planning to retire there. When I first moved to California, we did all four islands in two weeks. We were looking for a warm, beautiful area. Both my mother and my husband's mother had traveled there and suggested we go. We've returned pretty much yearly.

MICHAEL KORS PURSE

I recently purchased one for the first time ever. It was one of those deals where it was 50 percent off to start with and then I got another 25 percent off so I felt like I scored. I'd been eyeing it every weekend. It's kinds of a wine color, with a classic shape, and it's quilted.

CHEESY PIZZA EGGS

It's scrambled eggs with different kinds of cheese, topped with pizza sauce. I'm into breakfast, and everyday I make it for myself. I drink my coffee in the car on the way to the office.

SWEET AND SPICY CHOCOLATE CHOCOLATE BROWNIES

I put roasted Asian cinnamon and ancho chile into the brownies. I use all dark chocolate, including dark chocolate chips. If I'm in the mood I'll put a chocolate ganache on the top, but I don't always do that.

"THE FALL"

My husband and I just finished watching. It's so much different from American crime dramas. The detail and the psychology attracted us. And the Brits don't go looking for the most attractive people in every situation, whereas all of our characters are so GQ. But the ending is very strange. Everything was great up until the last five minutes. We speculated that the writers all must have quit or been fired.

1930s **Vault**

1940s

1950s

1960s

1970s

1980s

1990s

2000s

2010s

November 13, 1968

Laying of the Cornerstones, Alumni Memorial Educational Wing and Eye Clinic

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Datebook

MAY ICO Commencement
16

APRIL

April 3-4

Spring Break
Campus/Clinic Closed

April 10

Practice Opportunities Symposium
ICO Campus

April 12

CE Program
6 hours – TQ (tested)
ICO Campus

April 17

Grand Rounds CE Program
1 hour – non-tested
ICO Campus

MAY

May 2-9

Final Exams

May 13

Capstone Program
ICO Campus

May 16

Alumni Council Meeting
ICO Campus

May 16

ICO Commencement
Rockefeller Chapel

May 18

First Day of Summer Quarter
Classes

May 23-25

Memorial Day Holiday
Campus/Clinic Closed

JUNE

June 6

Admissions Open House
ICO Campus

June 26

AOA - Optometry's Meeting
Alumni and Friends Reception
Seattle

JULY

July 13-17

Focus on Your Future
Summer Program
ICO Campus

July 25-Aug. 1

Final Exams



ICO

Illinois College of Optometry

3241 S. Michigan Ave.

Chicago, IL 60616

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Last Look



It was only dedicated in 2006, but considering its popularity, it seems like Cloud Gate—affectionately known as “The Bean”—has been around forever. Artist Anish Kapoor constructed the quintessential Millennium Park attraction by welding 168 stainless steel plates together and burnishing them to a high polish so that no seams are visible.

Photo by Christopher Bugajski, '15