A short BART ride away, the Academy meeting this past year was definitely a memorable one, with over 200 UCBSO students and faculty members in attendance.
The Academy in Our Backyard

By Dean Levi

Dear SAAO Members –
as you all know, November 2010 brought the Annual Meeting of the American Academy of Optometry to our backyard – San Francisco. What a fantastic opportunity for our students, faculty and alumni.

I don’t need to tell you that the Academy is the profession’s pre-eminent educational organization. Founded in 1922, the American Academy of Optometry is committed to promoting the art and science of vision care through lifelong learning.

This year’s Academy meeting was the biggest ever, with over 5800 attendees. It provided nearly 300 hours of Lectures & Workshops, symposia, and scientific lecture and poster presentations over 4 days. And, besides all that, it was FUN!

Each year, the Academy recognizes those who have made notable contributions to the profession through clinical science, research or extraordinary service. Berkeley Optometry current and former faculty members and alumni have been frequent recipients of the Academy awards – a remarkable 85 in all! For example fifteen have received the Charles F. Prentice Award, in recognition of their significant contributions to the advancement of knowledge in the visual sciences. Eighteen received the Glenn A. Fry Award – given to a distinguished scientist or clinician for significant and current research contributions, and another eighteen were awarded the Garland W. Clay Award, recognizing the author of the most significant paper on clinical optometry, published in the prior year.

To celebrate the Academy meeting in our backyard, the school hosted several events, including an “Open House” which featured tours of the clinic and research labs, and an all alumni, student, faculty and staff party that was a blast.

A Word from the SAAO Student Liaison

Greetings,

As we begin our new semester, I would like to share my personal appreciation and gratitude to all the student members of SAAO. Without your energy and enthusiasm, we could not be what we are this year. I would also like to extend my warm thanks to all the SAAO board members for their hard work and efforts to bring to all of you the events and benefits of being student members. I feel very fortunate to be the student liaison and have the opportunity to work with such wonderful people. I could have not asked for more.

As we start the new year, I would like to take a moment to reflect on the fall semester. In our sixth year since the SAAO chapter was first chartered, we had the most student memberships ever! We also hold the most student members to the AAO out of all the other optometry schools in the nation. At the Academy meeting this year was marked with having the most student attendees in the history of the AAO, mainly contributed by all of you. This accomplishment is something we should be proud and shows how much our student body is involved in making strides to further our education and profession. I was very excited to see so many of you attend the AAO meeting and I hope you took as much out of all of the events as I did. It was a fortunate turn of events that the AAO took place this year in San Francisco so that we all had the opportunity to attend. I hope all you of you will take the opportunity to attend future AAO meetings, it only gets better. Next year, the AAO

STUDENT LIAISON | continued on page 3
Student Spotlight: New Research on Amblyopia

By Jennifer Luu (II)

At the AAO Conference in San Francisco, I presented a poster on the research project I am working on under the guidance of Dean Levi on the comparison of the sensitivity to synchronicity for biological motion in normal and amblyopic visual systems. Amblyopia is a developmental disorder of spatial vision that results from abnormal early visual experience usually due to the presence of strabismus, anisometropia, or both. Amblyopia results in unilateral visual deficits, without apparent pathology, that cannot be corrected by optics because the deficits reflect neural abnormalities. Amblyopia is clinically diagnosed as a reduction in visual acuity and is the most frequent cause of vision loss in infants and young children, aside from refractive error.

Biological motion is the motion patterns of living organisms, and is normally displayed as points of lights positioned at the major joints of the body. Static point-light displays provide no percept of a human agent. Only when the point-lights are in motion can they be organized into the percept of a human agent. Point-light displays carry a wealth of information that provide human observers with higher-order information, allowing the observer to identify the figure’s gender, emotional state, identity, intentions, and even the category of action that the figure is performing. In this study, we used point-light displays generated from major joint trajectories of two human agents performing a dancing routine.

Synchronicity sensitivity (detection of synchronized versus desynchronized interactions) was found to be impaired in amblyopic observers compared to normal control observers. Foveal vision in strabismic

AMBLYOPIA | continued on page 4

 PHOTO CREDIT: Jennifer Luu (II)
SAAO: What was your experience with the SAAO when you were in Optometry School? What were the benefits of being a member of the SAAO for you?

BD: I was an optometry student at UCBSO from 1983 to 1987. As I recall, we didn't have a student chapter of the AAO back in those days. I didn't go to any AAO meetings while I was a student. The first one I attended was in 1987 in Denver, when I was doing my residency in contact lenses at UCBSO.

SAAO: What do you feel are the benefits of having been a part of the AAO in terms of your optometric career?

BD: Being a Fellow of the Academy has helped me to stay current in optometry and vision science, mainly through attendance at the CE courses but also from doing the reading and preparing for administering the oral examinations as part of the Admittance Committee. It's also given me a chance to meet and work with people outside of UCBSO who are involved in optometry and vision science. It's good to hear and learn different viewpoints that don't necessarily repeat and track what you've been taught or what is generally believed at your own institution. I always find it interesting to meet people that I've read about or whose papers I've read. They're often not how you picture them to be.

SAAO: Why do you think it is important for students to become involved in the SAAO while in Optometry School?

BD: I think it can be very inspiring to go to the AAO meetings and see all the people involved in the field. It really helps to motivate you to do your best in school and to be involved in the profession. I've always found it helpful to meet other students and professionals and to learn about their experiences and what they're doing. It's also a great way to network and make connections that can be helpful later in your career.

AMBLYOPIA | continued from page 3

Amblyopes share many quantitative and qualitative spatial vision characteristics with the normal periphery. Therefore, central vision in strabismic amblyopia has been hypothesized to be similar to normal peripheral vision. Foveal vision deficits in anisometropic amblyopes can be corrected to normal by scaling of stimulus size and contrast. Therefore, the performance of anisometropic amblyopes on visual tasks with scaled stimuli is therefore similar to the performance of normal observers on visual tasks with unscaled stimuli. As a result, central vision in anisometropic amblyopia is hypothesized to be similar to blur due to uncorrected refractive error.

The goals of this experiment were to determine: 1) Is synchronicity sensitivity for normal blurred vision comparable to that for the central vision of anisometropic amblyopes, and 2) is synchronicity sensitivity for normal peripheral vision comparable to that for the central vision of strabismic amblyopes? We found that synchronicity sensitivity for normal blurred vision is similar to that for the central vision of anisometropic amblyopes.

I first became involved in amblyopia research in the Levi Lab through the Undergraduate Research Apprentice Program, when I worked under the mentorship of a postdoctoral fellow, Dr. Peter Neri. During my graduate education, I completed work on my Master's thesis project under the guidance and mentorship of Dean Levi. This past summer I also had the opportunity to continue work in the lab through the NEI Summer Research Program. My experience in the Levi Lab has been an invaluable opportunity to do vision research and interact with the research community. While presenting our poster at this year's AAO Conference in San Francisco, I had the chance to meet other researchers and learn about current findings in different areas of research, as well as receive useful feedback on our project. Being involved in research while in optometry school has been a great experience and one I hope to continue in the future.
The SAAO would like to congratulate the following Vision Science and Optometry students and residents on their scientific poster presentations at the 2010 Academy Meeting in San Francisco, CA.

Melanie Akau (III)  
“The effect of dioptric blur on sight-reading music”

Kavita Dhamhere, MD  
“Local associations between retinal function and thickness changes in diabetes without retinopathy”

Tiana Leung (I)  
“The Effects of Dehydration-Rehydration Cycle on in vitro Surface Wettability of Hydrogel Contact Lenses”

Jennifer Luu (II)  
“Sensitivity to Synchronicity for Biological Motion in Normal and Amblyopic Visual Systems”

Charlie Ngo (III)  
“Improving Stereoaucuity in Previously Treated Anisometropic Amblyopia through Perceptual Learning: A Novel Treatment”

Melanie Zhang (III)  
“Chronic Inflammatory Responses in the Cornea Exhibit Sex-Specific Differences”  
(Presented at ARVO May 2010)

Annie Chang, OD  
Cornea and Contact Lens Resident  
“GP Fitting on an Irregular Cornea after Lamellar Keratoplasty for Limbal Dermoid”

Eleanor Kim, OD  
Binocular Vision Resident  
“Why Can’t Jane Read?!?”

Eric Li, OD  
Ocular Disease Resident  
“Treatment Options in Diabetic Retinopathy”

Linh Vu, OD  
Pediatrics Resident  
“Growing Up Too Fast: Hypothalamic hamartomas and automated visual field testing reliability in children”

The SAAO would also like to congratulate our Vision Science colleagues on receiving the 2010 American Optometry Foundation sponsored William C. Ezell Fellowship for excellence in scholarship, research, and teaching. The awardees were honored at the 2010 Academy Meeting in San Francisco, CA.

Nicole Putnam, MS  
Vistakon Ezell Fellow

Tatiana Ecoiffier, MS  
Abbott Medical Optics, Inc. Ezell Fellow

Eleanor Kim, OD  
Binocular Vision Resident  
“Why Can’t Jane Read?!?”

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Faculty Spotlight: Gregarious Dr. Greer

By Theresa Vo (II)

You might remember Dr. Greer’s mock lecture from Interview Day. Or, if you were nervous and forgot most everything about that day, surely you must remember him from your very first class on the very first day of optometry school – Opt200A. Later on, he’s the one reading your scholarships and awards essays. During third year, he’s one of your attending clinicians in primary care clinic. And you’ll definitely see him again at graduation as he congratulates you on all your hard work. It’s impossible not to work with Dr. Greer somehow during your four years here, and you may feel like you know him well at the end of it all, but read on and you may be surprised to learn something new about the country-hopping, fake joint-smoking, tea-sipping Dr. Greer we all know and love.

TV: Where did you go for your undergraduate degree?

RG: California State University Stanislaus – it’s a little CSU in Turlock, California, which is about 15-20 miles south of Modesto. When I went there and graduated, it was California State College Stanislaus. And interestingly after I got my diploma several years later I got a thing in the mail saying you’re eligible for a change in your diploma because we’re now a CSU and I turned them down, saying no no no, it was a CSC that I graduated from so I’m going to keep my diploma that way.

TV: Did you start at UCBSO right after graduating?

RG: No, not even close. After graduation I spent 10 years as an optician.

TV: Why did you decide to go into optometry instead?

RG: Oh gosh, that’s because of lots of reasons. I worked for a privately owned optical place in Modesto. And I had kind of been there long enough to work my way up through the ranks and they didn’t know what to do with me because there was no more room to grow. So we came up with a plan – that the corporation and I buy an optical place together and I would be the owner and manager. So we looked around and there was a place in Downtown Oakland. It was a super good deal, tried to do our research the best that we could, made an offer and ended up purchasing it. The place ended up flopping, and there I was, commuting from Modesto to Oakland, which is a two hour drive, for two and half years. And of course, eight or nine or ten hours sitting at work with very few people coming in, you kind of have time to think about if this is what you want to do the rest of your life. As the sole person working there, I saw every patient, every pair of glasses, saw everything, and so if something goofed up, I knew about it. I would get prescriptions from doctors that I would fill, and I’d fill them accurately, and the patient would go away and come back and say, ‘I’m having problems seeing.’ I’ll give you an example: someone complained about having to hold the reading material too close when they looked through their bifocals. I’d say to myself, ‘They made the Add too strong,’ but I had no choice – I had to make what they asked for. So I said, well go back to your doctor and let them know what you’re experiencing. So they’d go in and come back with a new prescription and the axis on the astigmatism had shifted. And I know that if I make the glasses, and I would make the glasses, that it’s not going to fix the problem. And so a lot of the frustration with financial stuff and seeing that a number of doctors weren’t careful got me thinking, ‘I think I could do a better job of taking care of these patients. I want to take better care of these patients because I think they deserve it. I need to do something about this.’ So the job’s not working out so well, I hate that I lack of control over [the patients’] care. So I talked it over with my wife, so what we decided to do is I just walk away. So I lost all the money that I invested. All of that pushed me into going back to school, and I seriously considered ophthalmology, but I didn’t decide to go back to school until I was much older. I would be ready to retire when I go to medical school. Plus, it wasn’t in my interest. I was really interested in the optical stuff because I was working with glasses and fitting contacts. I just needed access to how do I come up with a prescription. I was like, optometry – that totally makes sense to me.

TV: And it was all worth it in the end?

RG: Oh absolutely. I wouldn’t have done it any differently. It’s just unfortunate that it took this kind of disastrous thing to push me that hard. But to be quite frank, my undergrad was in psychology, it wasn’t even a B.S., it was a B.A. I didn’t get much science. It just never occurred to me that I might be interested. I wish I knew in my teens what I knew in my early 30’s that I enjoyed science.

TV: After optometry school, did you stay in Berkeley?

RG: I did a residency right after optometry school. And after my residency I continued to be here in Berkeley. Immediately, actually, right after my residency, [my wife and I] were living in San Francisco.

TV: Did you work at a private practice there?

RG: It was a private practice. It was an ophthalmology practice and I worked there for a year before I came back to Berkeley to be faculty here.
**TV:** Why did you choose to specialize in low vision?

**RG:** I did that because I wanted to do a residency. I wanted to have a handle on something about optometry that very few optometrists have a handle on because I wanted to be able to offer to almost any practice something that probably wasn’t there already. So I thought that I should specialize in other than contact lenses, because all optometry practices do contacts, and ocular disease, well everyone is getting into that, and primary care, well everybody does that. So to me, the two areas that I was interested in that both optometry and ophthalmology really were kind of hands-off were low vision and binocular vision. Those two areas really get short-changed I think. Part of it is because the patients tend to be a little more whacky, and difficult. They have strange and unusual problems. But that appealed to me to have a comfort level with those two areas that would set me apart. I had already known from my ten years being an optician that my favorite patients were the older ones. I just loved talking to them, listening to their stories, and helping them out. They just seemed to kind of know what was going on with their eyes and they were pretty decisive about things, and they had been wearing their glasses all their lives. It wasn’t as big a deal as the first-time myope, who is horrified by the thought of glasses or contacts. So I knew I like that and then going through optometry school, I remember really enjoying optics. Not that I’m the best at it, no not even close. But I enjoy the challenge of it, and it was just so logical. So I went through binocular vision clinic and realized it wasn’t for me. Plus, the patients were mainly children, and that’s mainly because you’re trying to get at their amblyopia and strabismus and perceptual difficulties early on. When I did the low vision residency, I just got hooked.

**TV:** What do you enjoy most about teaching?

**RG:** Being around you guys! It’s just the energy, seeing people understand. It’s incredibly rewarding seeing first-year optometry students become fourth-year optometry students and graduating. They go from knowing essentially nothing to becoming amazing doctors – it’s just so cool. Being challenged all the time, it’s good for me, it keeps on my toes. I don’t know all the answers, and it’s OK that I don’t, but it’s always something to strive for. It just never ever gets boring. So it’s you guys. That’s the main thing.

**TV:** Do you have a favorite place on campus?

**RG:** Lately, I’ve been doing more walking on the campus, kind of just to get fresh air and a little exercise. Down towards University House, which is where the Chancellor lives, there’s this wonderful little stone staircase that leads from his home down to Strawberry Creek and there’s a bridge. And I just love that location. It’s in a really remote area of the campus, not very many people walk through there, it’s really quiet, there’s a little waterfall right there, the canopy of the trees, you’re just kind of enveloped in this nature. It feels like you’re miles away from anything. Of course, Hearst Avenue is about 100 yards away, University House is there, and some of the buildings holding classrooms aren’t that far away, but for some reason looking at all the trees, you feel like you’re on a country road somewhere. So it’s really a place that when I go out for my walks, I just pause there for quite a few minutes and just listen to the sounds and the birds. And right now there are two wonderful trees that are blossoming, they’re just gorgeous. Right now that’s my favorite place on campus.

**TV:** Do you have kids?

**RG:** At any one moment, I have 240-ish. But I don’t have any of my own. You guys are my kids.

**TV:** There’s usually this one tumbler that you carry around. What’s the story behind that one?

**RG:** It’s a picture of me, Tuyen Tran, who was a fourth-year at the time and she was the binocular vision resident who was doing a secondary area in low vision, that’s Jennifer Tam, and then my low vision resident, Karen Yu. We’re all sitting on the grass here in front of a sign that says “Center for Joint Replacement.” Every Wednesday, we would go down as a group to the California School for the Blind in Fremont, and we would do exams for the kids there. But in our travels down there in Fremont, the route that I took, took us past the hospital and next to the hospital was this place, the “Center for Joint Replacement,” and every time we went by it, I would laugh because “joint” has another meaning — marijuana cigarettes. And I said, you guys, that’s just hilarious because you go there to get your joints replaced. So I said, I’m going to bring my camera some day and we’re going to roll some fake joints and have our picture taken. It was pretty obvious, none of us have used drugs, let alone smoked a joint, but I knew what they looked like. So I told the students and the residents, here’s some binder paper, roll
some while I get my camera on the tripod, they come back having rolled 8 ½ by 11 sheets of paper, using the entire paper, to roll basically cigar-sized joints. And that’s what we’re holding up as our fake joints, smoking them in front of the sign that says “Center for Joint Replacement.” So those were pretty good replacement joints.

**TV:** The person at the very end is holding the joint downwards!

**RG:** I know, it looks like we’re playing musical instruments to be quite honest. I’m the only one holding it so that I can get every last bit of my joint smoked without it burning my fingers. I at least knew that much from watching movies.

**TV:** And for our closing question, do you have any advice for optometrists-to-be?

**RG:** My advice is to work your hardest, and give it your all during optometry school. Learn it like your life depends upon it because it does and your patient’s lives could depend on it as well. So really pay attention. I know you need to have fun, but this is your four years, so just give it your best. I’m not saying you have to get all A’s for it to have been your best, it just has to be your best. If you try to skate by and try to not do the work yourself, cheat a bit there, you’re cheating yourself and your patients. And you don’t want that. You really do want to graduate thinking, ‘I gave it my all, I’m as good as I can be right now and now that I’ve graduated, I’m going to keep pushing.’ And that’s where the Academy comes in. I think it’s one of the best ways to stay motivated – is to belong to an organization whose sole purpose is to teach optometrists, to keep them educated. You want to be around people who are wanting the same thing, by the thousands. Belong to the Academy and go to the annual meetings. You will come away just fueled with new found energy and desire.

**Refraction Error:** OU -0.50 - 0.75 x 090 Add +2.00

**Hobbies:** photography, running, traveling

**Favorite restaurants:** Grégoire (Berkeley), César’s (Berkeley), Trattoria La Siciliana (Berkeley), Picoso Taqueria (Berkeley), Epicurious Garden (Berkeley), Ciao Bella Gelato (Berkeley), Town’s End (San Francisco)

**Places traveled outside the U.S.:** Ireland, Northern Ireland, Scotland, Belgium, the Netherlands, Denmark, Sweden, Spain, France, Russia, Italy, England, China, France, Canada and Mexico

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**Binocular Vision Clinical Case Presentation**

**By Cheyenne Huber (IV) and Claudia Ruegg (IV)**

Some of our earliest patient encounters are often some of the most memorable. This past summer during our first rotation through clinic, we encountered K, a 10-year-old boy who presented to the binocular vision clinic for visual-motor and tracking difficulties. He was originally referred by his pediatric neurologist in 2006 for an evaluation of eye movement difficulties during reading. He had also been diagnosed with acute lymphoblastic leukemia and had a stroke as a complication of chemotherapy prior to his first exam at our clinic. At the time of our evaluation this past summer, K was working with a resource specialist at school and an occupational therapist for fine motor skills. Although our rotations through specialty clinics are brief, we were able to follow his progress long-term as he was cared for by other students.

In our first meeting, we assessed his refractive error, accommodative and vergence abilities, ocular posture, visual functions, and ocular health, which were all unremarkable. However, K...
meeting as a student. Doing so gives you a chance to meet and learn from optometrists and vision scientists from all over the world, and to the extent that becoming an SAAO member facilitates that, then it is very worthwhile to join. Aside from that, the SAAO itself organizes a number of excellent meetings and events, and there is a sense of camaraderie to the SAAO that extends across the classes. It’s a nice way to learn, organize, and meet fellow students and eye care professionals that you otherwise might not have come into contact with.

**SAAO: What are your reasons for attending this year’s Academy Meeting in San Francisco? And what do you hope to come away with from this year’s Meeting?**

**BD:** I serve as the vice-chair of one of the regional Admittance Committees (Region 8 – special categories) and as the UCBSO Faculty Liaison for the SAAO, so because of that I’m obligated to go to the yearly meeting. Regardless of those duties, I enjoy going to the meeting for the continuing education and the chance to meet former classmates and students. Of course it’s special treat to have it so close by in San Francisco, and the meeting is a great chance to see a bit of different cities around the country. Boston is one of my favorites, so I’m really looking forward to attending next year’s meeting and having the chance to spend some time there.

**SAAO: Can you describe your experience giving talks at the Academy Meeting?**

**BD:** I think these were the 11th and 12th times that I’ve given a talk at the AAO meeting. The topics this year were Legal and Ethical Issues in Driving with Low Vision and How NOT to be Sued for Malpractice. Dr. Michael Harris has been my co-presenter for all of them. Both of us are optometrists with law degrees. Our styles make a good contrast, since he likes to be more interactive and improvisational, while I tend to stay closer to the script. I still have a little bit of the jitters before a talk, but that usually ends once I begin. I’ve done this enough times that I feel confident enough that things will go pretty well, though the first few years were definitely a learning experience. This was the fourth time that we gave the low vision talk and the second time for the malpractice talk, and it’s remarkable how different the presentations of the same talk can be. A lot of it has to do with the audience – you can go off on different tangents depending on the questions they ask. One thing I’ve learned is to try not to talk too fast and jam in too much material, and if you lose your train of thought just say what is on the slide.

The talks were very different, but I would hope that people would leave the malpractice talk thinking about what they can do to make fewer errors as a clinician as well as doing things to minimize their chances of being sued. As far as the driving and low vision talk, I think that an attendee should walk out realizing how important it is to be very familiar with the laws of their particular state. They can vary wildly.

**Students Spot Optometry Celeb at Open House**

First and second optometry students snatched an opportunity to meet and greet with Dr. Linda Casser, author of “Atlas of Primary Eyecare Procedures.” From left to right: Alexandra Cross (I), Dr. Linda Casser, Ellen Beebe (II), Cecilia Tong (II), Mimi Phan (II), Julie Ching (II), and Diana Nguyen (II)

**BV CASE: What will your talk be about at this year’s Academy Meeting? And what do you hope people will be able to gain from your presentation?**

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Melanie Akau
Mark Landig
Charlie Ngo
Thuy Nguyen

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Any comments, concerns, suggestions, and/or questions about this newsletter can be sent to:

saaoinperspective@gmail.com

We look forward to hearing from you!

-Jennifer Luu (II) and Theresa Vo (II)

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