While the University continues to grapple with nearly $1 billion in budget shortfalls (Berkeley’s share is 15 percent), thanks to strategic planning for these eventualities, all is not gloom and doom for Berkeley Optometry. Yes, we are operating more leanly, and yes, we are making some organizational changes—but these will be good for the school over the long term. The campus is still the premier institution it has always been:

• Berkeley is the top-rated public university in the world. According to Times Higher Education, only Harvard, MIT, and Cambridge (all private universities) rank higher.

• Almost all of Berkeley’s 52 graduate programs rank in the top 10. (With 48 top-10 programs, we are followed by Harvard with 46 and UCLA with 40.)

• Berkeley is the top choice for the largest number of winners of the National Science Foundation Graduate Research Fellowship (followed by MIT, Stanford, and Harvard).

• 2010 was the best year ever for research funding at Berkeley—$745 million in new grants (not including $85 million through Lawrence Berkeley National Lab).

Berkeley Optometry also retains its premier position in research:

• NIH (NEI) grants in the school total $33.5 million.

• Total research funding in the school approximates $50 million.

• Total research funding for the Berkeley vision science group approximates $106 million.

Our faculty and alumni are the best in their field:

• Berkeley Optometry current and former faculty members and alumni have been frequent recipients of American Academy of Optometry awards—a remarkable 85 in all!

• Fifteen have received the Charles F. Prentice Award in recognition of their significant contributions to the advancement of knowledge in the visual sciences.

• Eighteen have received the Glenn A. Fry Award—given to a distinguished scientist or clinician for significant and current research contributions.

• Eighteen have been awarded the Garland W. Clay Award, recognizing the author(s) of the most significant paper on clinical optometry published in the prior year.

Recently reported data on the entering class shows Berkeley Optometry continues to attract the best students:

• Number 1 in GPA: 3.68 (The next highest are Michigan College of Optometry and the Ohio State University College of Optometry.)

• Number 1 in OAT: 353 (The next highest are State University of New York and Southern California College of Optometry.)

So all in all we’re doing fine, and we aim to continue to add value to your degree by keeping Berkeley Optometry the premier institution it has always been.

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The New Berkeley Optometry Alumni Association

Incorporated in 1964, the Optometry Alumni Association of the University of California has worked well over many years to (1) provide continuing education programs; (2) provide scholarships and vocational guidance to students; (3) aid and encourage vision research; (4) promote and facilitate the interchange of scientific knowledge and achievement related to optometry; (5) foster fellowship among graduates, students, and faculty; and (6) serve the University of California and Berkeley Optometry. While the goals of our Alumni Association are not changing, its form of organization is.

Events beyond optometry have changed the landscape for alumni associations operating independently of the University. While OAAUC operated as a model for others to emulate, other organizations failed to manage their finances properly, submit annual tax returns, and ensure that state laws regarding underage consumption of alcohol were enforced. The most serious blow occurred when noted journalist and Pulitzer Prize winner David Halberstam died in an automobile accident following an association event in 2007. Independently operated alumni associations are now strongly discouraged by the Office of the University President, and independent associations are no longer allowed to host on-campus events, conduct continuing education in the name of the University, or manage accounts independently. As a result, all of these alumni activities—annual meetings, reunions, continuing education events, and alumni representation—will be conducted through the office of Professional Affairs and External Relations. In many ways, the activities of our Alumni Association will be strengthened. Although we will no longer collect dues, life members will continue to receive special benefits, such as reduced pricing for Berkeley Optometry CE events. The most significant change is that now all graduates of Berkeley Optometry (OD, resident, MS, and PhD) are Berkeley Optometry Alumni Association members.

We believe that this new organization is very good news for the school, the Alumni Association, and especially for our students. OAAUC Life Members (now called Berkeley Optometry Golden Bears) have always shown great commitment to support the Alumni Association and Berkeley Optometry. We hope we can continue to count on your support and want to take this opportunity to say “Thank you!”

Please congratulate Larry Thal and the entire team on another fine edition of Berkeley Optometry Magazine. I read with great interest your Dean’s Message and thoughts about optometry’s legislative agenda. The COA Legislative and Regulatory Committee will ... address the many aspects of optometric inclusion in healthcare plans, children’s vision, and access to patients. The changing national healthcare picture and the viability of our profession require that we concentrate on those areas of greatest patient need and professional parity.

Regarding scope-of-practice legislation, while we always need to be ready to pursue legislative opportunities, it seems unlikely that scope issues will top the COA’s legislative agenda in the next year or two. However, my perspective as a long-time volunteer in optometric organizational, legislative, and regulatory activities is that within a fairly short time frame, the scope of practice of optometry in California (and many other states) needs to be redefined in simpler, clearer, and more comprehensive and inclusive terms. That redefinition will benefit patients, optometrists, and educators, and it will enable optometry to concentrate on matters important to the delivery of care rather than on issues that prevent us from being marginalized. The discussion in California now needs to turn to what “redefined optometry” should be.

Lee Goldstein ’66

Just a brief note to express my sincere appreciation and gratitude for putting together another stellar edition of Berkeley Optometry Magazine!

What a wonderful way of getting the news out about the extraordinary research, teaching, and clinical care that UCBSO does, not to mention the tremendous humanitarian contribution in vision and eye care that our faculty, students, and alums provide to the world’s peoples.

Stephen Chun ’74
**BRITTA HANSEN ’11**

Britta Hansen hails from the small town of Spicer, Minnesota, beside a deep, clean lake. After graduating high school, Britta moved to another small town in Minnesota (Saint Peter) to study biology and Scandinavian studies at Gustavus Adolphus College. During college she worked on special events and in public relations, sang in the choir, played hand bells, and delved into physics, biochemistry, and biology. Her interest in optometry surfaced as an eighth grader, strengthened as a junior in high school, and was confirmed as a junior in college.

During her time at Berkeley, Britta had the opportunity to participate in several leadership roles, including AAO Student Representative, Equipment Committee member, and second-year class vice president; but her most rewarding leadership role was as UCOSA president. During her presidency, UCOSA arranged a significant donation to the Berkeley Endowment, which was matched by the Chancellor and will be used in future years as optometry student aid.

Britta is now the resident in primary care at the San Francisco Veterans Affairs Medical Center, where she is gaining experience in low vision, specialty contact lens, and ocular disease.

**MELANIE AKAU ’12**

A desert girl (from Albuquerque, New Mexico), Melanie enjoys watching the International Balloon Fiesta, eating green chile, and playing her violin. Melanie graduated in 2008 from the University of Texas at Austin with a bachelor of music in violin performance, but she knew even before entering UT Austin that she would pursue a career in healthcare.

In her upperclass years she worked as an optometric technician in Austin, and that convinced her that optometry was the career she had been seeking.

At Berkeley, Melanie worked at the Cal Performances ticket office, participated in the summer research program funded by the National Eye Institute, and is currently a laboratory assistant in the Sight Enhancement Lab at Berkeley (SELAB) under Dr. Susana Chung. In November 2010, Melanie presented a poster titled “The effects of dioptric blur on sight-reading music” at the AAO meeting in San Francisco.

In 2011 Melanie was appointed one of two student members of the Admissions Committee for the Class of 2015. She is very involved with the Admissions and Student Affairs Office and has participated in Interview, Orientation, and Admit Days as a volunteer, host, and panelist. Melanie is a member of Beta Sigma Kappa, a Berkeley Optometry ambassador, and the student representative to the Bay Area Optometric Council and the Alameda and Contra Costa Counties Optometric Society. She received UCBSO Leadership & Service Awards in 2009 and 2011, the Dorothy Bates Sears PSSF award in 2010, and most recently the Robert Greenwood Private Optometric Practice: Patient Management PSSF award.

In 2011–12 Melanie has externships at the VA Hospital in Albuquerque and in Hillsboro, Oregon, and she intends to pursue a residency upon graduation. Eventually she would also like to play part-time in a community orchestra.

**JACKIE WRAY ’12**

Jackie grew up in Ord, Nebraska, a small, rural farming community. She attended the University of Nebraska–Lincoln, where she double-majored in mathematics and biological sciences. After exploring several prehealth fields, she decided on optometry and was thrilled to attend Berkeley Optometry.

In her first year Jackie served as a class philanthropy co-chair and worked with Prevent Blindness to coordinate preschool vision screenings. She also volunteered with the EyePACS retinal imaging program to survey patients and determine ways to increase access to eye care.

Traveling to Nicaragua on a VOSH trip, Jackie helped provide eye exams for the residents of coastal San Juan del Sur. Between her first and second years, she was a member of the T3S summer research program and conducted an experiment under the guidance of Martin Banks, PhD, to explore the relationship between eye length and perceived image size. During her second year, Jackie served as the Berkeley chapter secretary of Beta Sigma Kappa, the optometric honor society.

Jackie has received the Jeffrey and Cynthia Ko Family Student Support Fund, the Dr. Stanley Pearle One Sight Scholarship, the Varilux Student Grant, and the UCBSO Leadership & Service Award. Jackie enjoys cooking, jogging, and hiking the beautiful terrain of the Bay Area. After graduation, she plans to move back to the Midwest and provide primary eye-care services in a private practice setting.

**JENNIFER TU ’12**

Raised in Fremont, California, Jennifer Tu did her undergraduate work at UC Davis,majoring in neurobiology, physiology, and behavior, with a minor in French. (Both her parents’ families emigrated from Vietnam in 1975, so hard work and perseverance were strong values!) At the age of 10 Jennifer discovered her interests in healthcare, and soon after, a trip to her optometrist confirmed that this was the profession for her. While at UC Davis, Jennifer spent a summer studying in Paris, was a member of the Davis Hawaii Club (performing Polynesian dance), interned at the UC Davis Medical Center with Dr. Thomas Barnes (78), and worked at a psychophysics research lab with Jack Werner.

At Berkeley Optometry Jennifer discovered her interest in leadership and served as first-year class co-president and subsequently as UCOSA co-academic vice president, president elect, and president (2010–11). In January 2010 she helped lead a VOSH trip to Nha Trang, Vietnam, working with 16 classmates to serve underprivileged grade-school children and their families. She continues to volunteer at local Bay Area vision screenings and health fairs. She also enjoys her huge family, friends, and three dogs; and she recently completed her first half-marathon in San Francisco. Jennifer is a member of Beta Sigma Kappa and received the UCBSO Leadership & Service Award, the International Vision Expo Student Grant, the Bay Area Optometric Council Award, and the A. Lee Scalf/UC Optometry Alumni Patient Management Award.

Having attended local, state, and national optometric society meetings, Jennifer plans to continue actively serving the profession. Upon graduation she hopes to pursue a residency in ocular disease and eventually open a private practice in the Bay Area.
Faculty Awards

Professor Martin Banks was elected a Fellow of the American Association for the Advancement of Science, an honor that recognizes members for meritorious efforts to advance science or its applications. He was also elected a Fellow of the American Psychological Society, a status awarded to members who have made sustained, outstanding contributions to the science of psychology in the areas of research, teaching, and/or application. Additionally, he was the first recipient of the Koffka Award for Contribution in Perception and Development.

2010–2011 William C. Ezell Fellowships

The following Berkeley Optometry vision science students have been honored with Ezell fellowships:

**Abbott Medical Optics Ezell Fellow: Tatiana Ecoffier, MS**
Research focus: investigation of corneal lymphangiogenesis mechanisms

**VISTAKON Ezell Fellow: Nicole Putnam, MS**
Research focus: high-resolution imaging and characterization of the normal human foveola with adaptive optics scanning laser ophthalmoscopy (AOSLO)

White Coat Ceremony for Second-Year Students

Berkeley Optometry held its annual White Coat Ceremony at the end of the spring semester. The curriculum provides second-year students with significant patient care experience and results in a true milestone when the students reach their third year. This passage was marked by the White Coat Ceremony held on May 20, 2011, highlighted by the presentation of a white clinic jacket (provided by Alcon) to each student and a group recitation of the Optometric Oath.

Graduation with Style!

Optometry and vision science graduation ceremonies were held on Minor Plaza Saturday, May 21, 2011. Under an elegant tent replete with blue and gold accents, we honored sixty new Doctors of Optometry, eight new Doctors of Philosophy in Vision Science, and one Master's degree recipient. Graduates and attendees enjoyed faculty speaker Dr. Carl Jacobsen and student speakers (newly minted) Drs. Britta Hansen and Sheena Nagaraja. We were also pleased to host special guest speakers: Dr. Andrew Szeri of the Graduate Division, who conferred the PhD degrees, and Dr. Page Yarwood ('76), president of the California Optometric Association, who led the Optometric Oath. Berkeley Optometry also recognized Dr. Barry Weissman (OD '72, PhD '79) as Alumnus of the Year.

Admissions

Of 254 applicants for the Class of 2015, 105 were interviewed. Sixty-seven new optometry students enrolled for fall 2011. For those admitted, the average Optometry Admissions Test (OAT) score was 353; the average GPA for biology, chemistry, and physics courses was 3.40.

Berkeley Optometry participates in the Association of Schools and Colleges of Optometry (ASCO) centralized application service, OptomCAS, which offers applicants an efficient and convenient way to apply to multiple optometry programs using a single web-based application. This eliminates the need for duplicate transcripts and letters of recommendation and also provides a real-time tool for applicants to check the status of their applications. Of those offered admission here, 90 percent chose Berkeley.

Opto-Camp

Berkeley Optometry’s Admissions and Student Affairs Office (ASAO) launched Opto-Camp in 2006 to introduce underrepresented pre-health science majors to optometry as a career and to prepare them to be successful applicants to optometry school. Housed in student
dormitories, Opto-Campers spend three days attending lectures, touring the facilities, meeting optometry faculty and students, and receiving a free eye exam. Current first-year students are their counselors and companions. Opto-Camp is offered in June and July, and thirty campers are invited to join each session. Originally Opto-Camp was free for campers, but recent funding challenges required a $125 fee to help cover costs. We awarded eight scholarships per session to help cover the program fee for those with financial need. Of the 60 campers who attended the 2011 camps (from 115 applications), 29 are first-generation college students, 10 are African-American, and 9 are Mexican-American/Latino. Average family income was approximately $55,000, and average GPA was 3.34.

With over 250 camp alumni, Opto-Camp is making a difference. The Class of 2014 has nine Opto-Camp alumni, and the incoming Class of 2015 includes ten who attended the program. With a 71% questionnaire response rate from attendees from 2006 to 2009, 51% are attending optometry schools and 33% are in the application process. We will continue to track camp alumni to gauge the success of Opto-Camp as a pipeline for the profession. Other OD programs are now using Opto-Camp as a model: Illinois College of Optometry, Ohio State University College of Optometry, and Pacific University College of Optometry. We are sharing materials freely and comparing our results.

We are pleased to announce a comprehensive, illustrated history of the School of Optometry at Berkeley. Four years in the making, Berkeley Optometry—A History offers a lively and revealing look into the origins and evolution of a world-class institution, while featuring alumni and faculty who are among the visionaries and leaders in optometry and vision science, both past and present.

“The book is extremely well written in a style that keeps the reader’s full attention. It is one of those books that you can’t quit reading because it is so well done and so meaningful.”
—Lesley Walls, OD, MD, DOS

“John Fiorillo’s chronicle of the School ... is in turn magisterial, exhaustive, encyclopedic and candid... it paints an absorbing picture of an optometric educational powerhouse coming of age....”
—Gerald Westheimer, OD, PhD, FAAO

“This has to be one of the most comprehensive, and entertaining, histories of a modern health science program assembled to date.”
—Richard Hill, OD, PhD, FAAO

Berkeley Optometry—A History Receives Accolades!

John Fiorillo, Berkeley Optometry’s historian/archivist, spent nearly four years compiling the events of our school’s history into a comprehensive, illustrated hardcover book. This remarkable volume includes a discussion of early optometry and offers a fascinating look at the sixteen-year effort to establish a curriculum in optometry at Berkeley in 1923. Subsequent chapters paint an entertaining and illuminating portrait of the significant events, leaders, and contributions of our school from its inception to the present. The book has certainly made an impression:

This book is a model of what a history tome should be.
—Robert Mandell, OD, PhD, FAAO

This book is a journalistic tour de force, chronicling a colorful and dynamic history....
—Brian Chou, OD, FAAO

John Fiorillo is a superb raconteur. He cleverly and masterfully intertwines small anecdotes and vignettes—both humorous and historic—into the straight factual text, making the book both a noteworthy and easy read.
—Irving Bennett, OD, FAAO

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Diabetes, now at epidemic levels, can have devastating effects on the eye and vision. Currently, the eye complications of diabetes are treated at relatively advanced stages of the disease, and treatment is limited to slowing the progressive, sight-threatening retinal vasculopathy (diabetic retinopathy). The treatments are heavily biased toward preserving foveal visual acuity and relate to discoveries that impact acuity-threatening changes, predominantly central retinal edema and neovascularization.

Identifying non-foveal measures of early retinal-function abnormalities, including neural abnormalities, could direct new patient research toward a more preventative agenda of management and treatment. Over the past decade, research in Professor Tony Adams’ lab at Berkeley Optometry has yielded exciting, breakthrough discoveries that promise to change how earlier diabetic complications of the retina are prevented and managed.

The lab group’s key discovery is that even in tiny patches of the retina, abnormal neural activity gives advanced warning of future diabetic retinopathy. The multifocal electroretinogram (mfERG) can record tiny electric retinal nerve signals in patients in less than 10 minutes with excellent sensitivity and specificity in correctly predicting future, location-specific retinopathy and future healthy patches of retina. The group discovered that mfERG delays in
nerve transmission correspond with retinal sites containing non-proliferative diabetic retinopathy (NPDR) and edema. The timing delays also occur in the retinas of diabetic patients with no retinopathy. More importantly, the lab has shown that the delay measures, in combination with other risk factors such as blood glucose concentration and duration of diabetes, combine to provide remarkably accurate predictors of new retinopathy development at specific locations within the central retina. Earlier this year, Adams’ lab was excited to publish its findings of the predictive power of these delays before any retinopathy.

With funds from a Juvenile Diabetes Research Foundation grant, awarded to Marcus Bearse to study type 1 diabetes in adolescents, the lab has been studying the relationship of these neuroretinal measures to measures of retinal thickness (using advanced OCT instrumentation), detailed digital stereo fundus photography, and a range of color and spatial vision function measures. Sadly, they are seeing some changes in retinal function even in adolescents early in the disease. The studies have not yet assessed the predictive power of these measures. The lab’s earlier pilot studies involved both type 1 and type 2 adolescents. The rapidly increasing prevalence of type 2 diabetes in children and adolescents makes these studies of younger diabetics even more urgent. Overall, the results have implications for the efforts to prevent or retard retinal complications with effective therapies.

The value of these local measures of neural retinal function and eye health seems obvious for clinical care. The equipment required to make these neuroretinal measurements is in our Meredith Morgan Eye Center vision functions clinic, and our students are trained to use it.

**DIABETES AND AN UNRESOLVED DIABETIC EYE MANAGEMENT PROBLEM**

**THE DIABETES EPIDEMIC**

In the United States, about 6 percent of the population has diabetes. There are also an estimated six million people who have undiagnosed diabetes and another 60 million who are prediabetic. Diabetic retinopathy, the vascular eye complication of diabetes, is the leading cause of blindness in the United States among adults aged 20 to 74 years.

**CURRENT TREATMENT FOCUS**

Treatments of the potentially devastating retinal complications are now aimed at slowing the progression of vision loss after vascular-related structural damage within the retina is clinically obvious. Laser photocoagulation, an invasive treatment that destroys retinal tissue, is used in cases of clinically significant macular edema (CSME). In cases of advanced retinopathy, panretinal laser treatment is applied to as many as thousands of locations across the retina to destroy tissue and reduce the retina’s demand for oxygen, thereby slowing progression of neovascularization. Although these gold-standard treatments significantly slow the loss of visual acuity, we and our patients also know that they have side effects, including loss of paracentral (important for reading and other tasks), peripheral, and night vision. Furthermore, despite these treatments, vision loss continues at a disturbing rate. Fortunately, additional candidate treatments are emerging, including intraocular and retrobulbar injection of steroids, anti-VEGF agents, PKC inhibitors, PEDF (pigment endothelium-derived factor) inducers, and several indirect growth factor modulators. These therapies are targeted at reducing macular edema, treating advanced disease, and reducing the risks of neovascularization, but they remain focused on advanced stages of visual acuity loss.

**NEUROPATHY OF THE RETINA**

Clinically we think of the retinal complications of diabetes as vascular, and we describe the stages of these retinal complications in vascular terms. But both neural and vascular components are involved in very early stages of diabetic retinopathy. Interestingly, the concept that diabetes directly affects the neurosensory retina was proposed decades ago. Many sensitive human electrophysiological measures of retinal neural and visual function show abnormalities before the clinical signs of diabetic retinopathy (vasculopathy) or changes in visual acuity occur.
GOING BEYOND TESTING FOR VISUAL ACUITY AND FOVEAL FUNCTION

For almost three decades, research in our lab has pursued retinal function and vision markers both early in and preceding the diabetes complications of the retina. Clearly, visual acuity and visual fields are poor candidates as markers, being quite late consequences of retinal vascular complications. In fact, traditional visual acuity is reduced only with edema in the foveal area of the macular or as a result of fairly obstructive retinal/vitreous hemorrhages. For more than a century, however, there have been clinical reports of blue-yellow color vision changes in diabetics, even with fairly traditional clinical color vision tests. These color vision reports motivated our first studies in 1980 to isolate the vision function underlying specific color-cone photoreceptor types. We used a variation of the “two-color threshold” technique known to allow individual types of cone receptor activity to be isolated. Our research path was rewarded—in the early 1980s we found quite dramatic reductions in the blue-cone (S cone) sensitivity when deep violet patches of light were detected only by S cones against a bright yellow background. These foveal losses of blue-cone system sensitivity in diabetics were present even prior to the clinically observable onset of the vascular retinopathy of diabetes. In a research sense, we had struck gold! Later, aware that these changes may be quite local and not always at the fovea in retinal disease, we developed a method to make these same measurements across the full central retina. We found losses in localized areas across the central 50 degrees of the retina. (Our early work in this area was pursued with Chris Johnson, then at UC Davis, and led to the development of blue-cone (S cone) automated perimetry, which today is referred to as SWAP perimetry, with many applications in glaucoma patient management.)

Much later, we reported that in patients with diabetes who had only mild to moderate retinopathy, blue-cone perimetry revealed about 40% of central visual field zones as abnormal. We even found 20% of zones were abnormal in the retinas of those with diabetes and no retinopathy. Nevertheless, we disappointingly found little correlation of these field abnormalities with the location of the visible vascular retinopathy.

A NEW TEST BRINGS DISCOVERIES AND NEW RESEARCH AVENUES

By marked contrast, our first efforts in the late 1990s at measuring local neural function across the retina with a newly emerging tool, the multifocal electroretinogram (mfERG), clearly associated abnormal neural function (observed as delays in these local mfERG responses) with the visible retinopathy. With evidence of association of neural dysfunction and visible retinopathy, the correlation between abnormality and retinopathy severity, and the observation that many patches of retina without retinopathy also had abnormal neuroretinal

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Figure 1: The multifocal electroretinogram (mfERG) is a noninvasive technique for measuring neural function in up to hundreds of contiguous retinal areas within the central retina. (A) Stimulus array of 103 scaled hexagons—fixation at the “x”; (B) its relationship to the retinal area tested; (C) an example array of the 103 local mfERGs; and (D) the mfERG implicit time (IT) measure from the stimulus flash to the P1 peak.
responses, we enrolled patients both without retinopathy and with minimal retinopathy in a longitudinal study. Our goal was to see whether the abnormal neuroretinal delays were predictive of subsequent vascular retinopathy development.

Indeed, over the four to five years that followed, we learned that the neural latency abnormalities observed in the earlier studies not only correlate with the severity of the retinopathy but also precede retinopathy onset in eyes that already have some retinopathy. Our longitudinal studies over one, two, and three years showed that predictive models based on these neuroretinal delays revealed remarkable potential clinical and research tools with high sensitivity and specificity. There was high sensitivity (prediction of retinopathy onset in a specific location) and high specificity (prediction of normal retina at specific locations). In fact, perhaps more significantly, in 2011 we showed for the first time that these neuroretinal delay measures are predictive of the onset of retinopathy in eyes that had no prior retinopathy. This was the chemist's alchemy!

The discovery of early-stage neural dysfunction measures in the diabetic retina is in striking contrast to the quite late-stage loss in visual acuity with vision complications in diabetes. Visual acuity loss occurs only after many years of retinopathy, and then only with severe retinopathic events or edema at the fovea. By that time the vascular events are very apparent to the clinician. In fact, visual acuity is primarily useful as a measure of success in slowing late-stage retinopathy or for assessing the impact of treatments applied at very late stages of the retinal disease. It is not at all useful in signaling imminent retinal problems, early retinopathy progression, or the efficacy of any preventative treatments of diabetic retinopathy.

The neuroretinal delay measures have emerged as an exciting future clinical and research and development tool in the management of patients at much earlier stages in the retinal complications of diabetes. They provide a context and clinical measure for the development of new treatments and interventions.

Are the mfERG abnormalities we see in adult diabetic subjects also present in adolescent patients with diabetes? In 2005 the U.S. Center for Disease Control (CDC) estimated that there were 206,000 people under the age of 20 who had diabetes. The CDC also estimated that approximately one in six overweight adolescents has prediabetes markers for type 2 diabetes, which now accounts for up to 20% of all newly diagnosed adolescent cases.

In 2008 we reported that adolescents with type 2 diabetes do have abnormal neural function in the retina, manifested as significantly delayed mfERGs. We also noted early indications of abnormal dilation of venules and abnormal thinning of the retina in this group. Adolescents with type 2 diabetes often present with comorbidities such as obesity, hyperinsulinemia, hypertension, and hyperlipidemia. All of these conditions can impact both the vascular and neurologic health of the patient. Our study was the first to examine the neural retinal function, structure, and retinal vascular health in adolescents with type 2 diabetes.

One of our senior lab researchers, Dr. Marcus Bearse, was recently awarded a $1.5 million grant from the Juvenile Diabetes Research Foundation (JDRF) to study adolescents with type 1 diabetes—the first such JDRF grant given to a U.S. optometry
school. In the next two to three years we can expect to hear a lot more about children, adolescent diabetic retinal problems, and the opportunities for preventative care. Dr. Bearse’s studies represent one of only two large groups of studies funded by JDRF within optometry schools. Studies of corneal sensitivity, by Nathan Efron at Queensland University of Technology in Australia, represent the second group. Efron’s studies were presented in the American Academy of Optometry’s Glenn A. Fry Lecture and appear in the June 2011 issue of Optometry and Vision Science. Both study groups are directed toward finding neuropathies in the eye that may be useful as noninvasive measures of diabetic neuropathy in general, and they offer exciting opportunities to advance the care of patients with diabetes.

RETINAL FUNCTION DIFFERENCES BETWEEN TYPE 1 AND TYPE 2 DIabetICS

Our studies have discovered that neural function in the retina is distinctly poorer in adult patients with type 2 diabetes than in those with type 1. The same is true when comparing adolescents with type 1 and type 2 diabetes. This raises questions about possible underlying differences in the pathophysiology of the retina (and beyond). Patients with type 2 diabetes typically have more cardiovascular risk factors and comorbidity factors than type 1 patients. Our current research is looking at this more carefully.

A NEW DIRECTION FOR DIABETIC RETINAL RESEARCH AND PATIENT CARE

The early neural changes in the retina that diabetes causes have significant implications for patient care and management of eye complications. Measured with clinical instrumentation, the neuroretinal delays show that nearly 20% of the central retina of patients with diabetes is functioning abnormally prior to visible diabetic retinopathy. This neuropathy is consistent with the emerging view that the retinal complications of diabetes are not entirely vascular. The debate as to whether the neural changes precede the vascular or vice versa will likely hinge on whichever new technical assessment tools are most sensitive—it is clear that the identification of functional retinal neural abnormalities early in the disease provides new opportunities for the development of novel therapies and assessment tools for the staging of retinal changes.

In testing for diabetic vision complications, clinicians have been limited primarily to assessing visual acuity at one central and tiny location of the retina (the fovea) and visual fields through conventional perimetry. In fact, both assessments provide relatively insensitive markers in diabetes and show results only after fairly late-stage vasculopathy of the retina has occurred—well after the stage when any prophylactic treatments could be useful.

The mERG neuroretinal measures provide early “warning signals,” as well as an apparently powerful predictive ability for future retinopathy within a year or two—an exciting advance for both potential therapies and management of the diabetic complications of the retina. Our discovery of this sensitive and objective biological marker can be used to test whether candidate therapies aimed at preventing or slowing early-stage retinopathy progression in fact improve retinal health. In patient management, ophthalmologists and optometrists, able to gauge both the severity of neural dysfunction and the likelihood of future site-specific local retinopathy, could use this information to stage appropriate and timely interventions.

Looking even further out, it is conceivable that other functional measures of the retina known to be altered early on by diabetes (for example, alterations in the retinal pigment epithelium function) might make the predictive models of damage in the retina even more powerful. It is also important to examine the potential relationships between mERG delays and the systemic markers associated with diabetes and microvascular disease, including diabetic retinopathy—glycemic control, diabetes-related inflammation, microvascular damage, and dyslipidemia (abnormal concentrations of lipids in the blood).

Taken a step further, as research links systemic serum risk factors to particular retinal structure changes, whether neural or vascular, it is conceivable that personalized treatment and management options will evolve for diabetic retinal health. Certainly, conducting research to unveil those relationships and their underlying mechanisms provides an exciting opportunity for clinical researchers. For example, we are now observing that there may be a protective function for retinopathy development in young adult females (an unpublished finding). Our very talented lab group is committed to exploring these systemic differences between individuals and relating them to the neuroretinal complications we are measuring clinically.
DEBORA LEE, OD
A Bay Area native, Dr. Debora Lee has been teaching full-time in the binocular vision clinic at the Meredith Morgan Eye Center since 2009, when she completed her residency in pediatrics from SUNY School of Optometry in Manhattan. She received her BA in 2004 in molecular and cell biology and her OD in 2008 (both from Cal), and is thrilled to continue her clinical career at her home university.

As an optometry student, Debora was actively involved in student leadership and extracurricular activities. Her interests in community service run deep. She co-organized a volunteer trip (VOSH) to rural Kanchanaburi, Thailand, where she and 20 of her classmates provided vision services to over 3,500 citizens. As student philanthropy chair for two years, she also helped organize local vision screenings in elementary schools and the Suitcase Clinic (a volunteer-based clinic for the homeless) throughout Oakland and the greater East Bay. During her residency, she helped institute a subsidized vision therapy program at Woodhull Hospital in Brooklyn, NY, for school-aged students experiencing binocular vision problems. By the time she graduated, Debora had received the Beta Sigma Kappa silver medal for her academic achievements, as well as scholarships from Walmart, the Peng Family/UCBSO Alumni Association Professional Student Support Fund, and the Dr. Stanley Pearle Vision Foundation.

Dr. Lee feels privileged to work in the rich academic environment Berkeley Optometry provides, and she is honored to help teach our enthusiastic and talented optometry students. She also appreciates the opportunity to further her clinical research interests, particularly in binocular vision dysfunction and myopia development in children, and has presented posters on those topics at past AOA and AAO meetings.

Debora also volunteers at Berkeley High School in an aquatic program for swimmers with special needs. In her free time, she enjoys swimming, running, and hiking around the Bay Area.

MAZIAR HARIRIFAR, OD
Originally from Tehran, Iran, Maziar Haririfar came to the States in the late 1980s from West Berlin, Germany, where he attended high school. Maziar and his parents and sister then joined his eldest sister in California. In college, Maziar studied genetics at UC Davis. As an upperclassman Maziar volunteered at a local OD’s office (Dr. Bradford Murray in San Jose), which sparked his interest in optometry. He attended Berkeley Optometry (Class of ’98) and then pursued a geriatric-hospital-based residency program, with an emphasis on low vision, at the Palo Alto VA Medical Center. After his residency he joined a busy refractive surgery management and in managing a wide spectrum of ocular disease.

Soon Dr. Haririfar was approached by the Pacific Laser Eye Center (PLEC) group to head their laser surgery center at UC Berkeley, the first laser center at an optometry school in North America. Maziar accepted the position and also joined Berkeley Optometry’s clinical faculty in the contact lens and primary care clinics. When the PLEC management group decided in the spring of 2002 to keep only their Danville center in the East Bay, Berkeley Optometry’s clinic administration took over the operation of the UCB laser center. Maziar continued to head UCB’s Refractive Surgery Center until July 2010. He is currently a full-time assistant clinical professor at the Meredith Morgan Eye Center.

Dr. Haririfar has been honored to speak at the Optometric Council on Refractive Technology (OCRT), a large association of optometrists and researchers whose focus is refractive surgery. Maziar also lectures on dry eye and corneal topography at optometric continuing-education meetings.

Maziar and his wife, Haleh, have a baby girl, Tahra, whom they enjoy tremendously. He is a hiker and loves to travel and learn new cultures and languages, as well as enhance his German skills.

CRAIG HISAKA, OD, MPH
Craig Hisaka received his BA, BS, OD (’72), and MPH from UC Berkeley and was appointed clinical instructor at Berkeley Optometry in 1975. He was awarded a full clinical professorship in 1996 and has chaired or co-chaired over 40 doctoral theses. Dr. Hisaka is a past member of the Medical Quality Assurance Board.

When Craig was working toward his master’s in public health, he developed what he calls a “philosophy of care” that consists of the following precepts: (1) Always be on time. (2) Get to know the patient as a person. (3) Be thorough. (4) Use the latest technology. (5) Call every patient after they receive their glasses to ensure that the patient’s symptoms were addressed. (6) Communicate your findings in writing to your patients’ other doctors. Craig teaches this philosophy to his students in clinic, along with what he calls the “art of optometry”—communicating with patients and creating a trusting relationship. He considers these skills the foundation of a successful private practice. Teaching and interacting with Berkeley Optometry students also keeps Craig in touch with current science and technology, improving the care he can provide for the patients in his private practice.

Craig’s own practice has been extremely successful for over three decades. In 1979, he developed the concept of an overhead-sharing partnership, which is now used by many practices nationally. His goal was to control overhead by having many doctors share the cost of new technologies, obtain better discounts from vendors, and share in the practice administration. Brookside Optometric Group (one of the largest optometric practices in America) is an overhead-sharing partnership owned by Dr. Hisaka and nine other ODs. In addition, another four ODs as well as an ophthalmologist are associated with the practice.

Craig’s passions in life are his practice, his teaching, and his family. About six years ago his wife experienced a near-fatal brain aneurysm. Although she has fully recovered, Craig has curtailed his teaching to spend more time with his family. His days begin early—rising in the wee hours, he studies copies of scheduled patients’ notes and charts while exercising on the elliptical. He continues to teach primary care clinic and is grateful for the wonderful people in his personal and professional lives who supported him through a very challenging time.

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BERKELEY OPTOMETRY’S HUMANITARIAN EFFORTS AROUND THE GLOBE

Berkeley Optometry has a strong philanthropic presence both locally and internationally, as the articles that follow continue to demonstrate. It should not be surprising that so many of our faculty, students, and staff are involved in public-service efforts aimed at improving the lives of those less fortunate, given that our lives have been enhanced by the privilege of attending the University of California.
Our encounter with Golden Retrievers began innocently enough. In 1996 my wife Heidi and I wanted to add a dog to our family of three kids, and we had heard that occasionally guide dog “rejects” were available as pets from Guide Dogs for the Blind in San Rafael, California. This sounded like a great opportunity for us to get a great, well-adjusted dog, and we added our name to a waiting list for a Golden Retriever. After waiting several months we received a call from Guide Dogs, informing us that the list for a “reject” was still several months long; they asked if we would instead be interested in being “breeder keepers.” After briefly thinking it over, we said YES! For us, this involves having a female Golden or Lab Retriever live with us at our home until she enters her fertile season. We then return her to the Guide Dogs for the Blind campus to be mated with a carefully selected male dog. He is usually a Golden Retriever, but sometimes the Goldens are mated to Labs to achieve different physical and behavioral traits and to enhance the gene pool. After mating, our pregnant dog returns home with us until she nears her whelping date, a 60-day gestation period. The puppies are then delivered in a fully equipped, state-of-the-art whelping center in San Rafael, where the mother stays until the puppies are weaned and she has fully recovered—about six to eight weeks. Soon after birth a volunteer team of “puppy socializers” begins touching and handling the dogs, talking to them, and carrying them around, thus beginning their journey toward becoming service dogs.

Over the last 15 years, we have had four breeding female dogs live with us—three Golden Retrievers (Sorbet, Nessa, and Ryka) and one Lab Retriever (Suzanne). Only Suzanne is still active as a breeder, and Nessa and Ryka still live with us as very happy retirees. Sorbet passed away in 2006. Altogether, they have had 60 puppies. Suzanne’s most recent litter was born in November 2010 and numbered eight puppies.

The primary goal for these dogs is to become guide dogs for the blind. They receive extensive training by a highly competent and dedicated staff of dog trainers. The dogs must demonstrate several levels of competency before they can be partnered with a blind person. The puppies’ training begins almost from birth through the on-campus socialization program. Once they are weaned, the pups begin to learn house manners and obedience. They are introduced to the world by another group of trained volunteers, the puppy raisers. At 15–18 months, they begin their formal guide-dog training (which takes two to three months). When that training is complete they meet their blind partner, and the two train together for two to four weeks. Training continues even after graduation. Guide Dogs maintains continuous contact with its graduates to help them adjust to all sorts of developing situations, whether the person is moving or working in a new area, facing complex traffic conditions, or wanting to learn advanced techniques. The trainers are well versed in how vision loss affects the clients, and many of the training techniques are tailored to address the needs of the client.

For those dogs that the training process reveals are better suited for jobs other than guide work, there are several alternative careers. In fact, rather than being called “rejects,” these dogs are usually reassigned to a new job and are called “career-change” dogs. Following are but a few alternative career options:

K9 Buddies: This program, operated by Guide Dogs for the Blind, places certain specially selected dogs with legally blind children to provide companionship and improve their quality of life. The bond the child forms with the dog can give the child more self-confidence, benefiting individual relationships and resulting in a large positive impact on the entire family. This experience also helps to prepare children and young adults to properly care for a dog in their homes and allows them to explore what having an active guide would be like.

Dogs4Diabetics: This is an organization in Concord, California, that trains dogs to identify and, more importantly, act upon the subtle scent changes that hypoglycemia (low blood glucose) creates in body chemistry—changes undetectable to their human companions. These dogs alert their human companions to the presence of hypoglycemia and alert others if the client is unable to correct the condition. The dogs play a critical role for their partners in their diabetes management.

Certified therapy dogs: Our two retired breeders, Ryka and Nessa, are now certified therapy dogs as members of the Friendship Foundation in Albany, California. They bring the healing comfort of companion animals to people of all ages who are hospitalized or confined. Our dogs enjoy these visits very much, because they receive so many pets and kind words. Their favorite places to visit are Piedmont Gardens and Children’s Hospital in Oakland. My wife Heidi takes the dogs to all of these visits, and in fact does most of the work involved with having these animals in our home.

Paws’itive Teams: Paws’itive Teams, a non-profit organization located in San Diego, California, trains service dogs to assist mobility-limited persons with activities of daily life, allowing them to achieve independence. The teams are run by a dedicated group of volunteers and are supported exclusively through fund raising and donations. One of Ryka’s puppies, Stanley, was trained in this way and recently partnered with an active-duty Marine who became disabled while in Afghanistan.

Established in 1942, Guide Dogs for the Blind provides quality training services and extensive follow-up support for its student and canine graduates. Programs are made possible through the teamwork of staff, volunteers, and generous donors. Services are provided to students throughout the United States and Canada at no cost to them.

There are many ways to support Guide Dogs for the Blind. Puppy raisers, breeder keepers, and onsite volunteers are all wonderfully fulfilling roles. The Community Volunteer Program provides opportunities to represent Guide Dogs within your local community. Providing
financial support is also critical to keeping this vital organization going. As optometrists, recognizing that our patients with significant vision loss may benefit from a referral to receive a guide dog both improves the quality of life for those patients and supports and confirms the efforts of this excellent organization.

What began 15 years ago as a desire to have a nice family dog has become a wonderful hobby and a very enjoyable and fulfilling way to serve others. As an optometrist and a teacher (Tim is an associate clinical professor at Berkeley Optometry), I find it helpful to remind myself and my patients that when vision loss does occur, there is still so much that can be done to enhance the quality of one’s life.

**HAITI RELIEF/DOMINICAN REPUBLIC, MAY 15–23, 2010**

*By Kimberly Cheng ’11*

Four months after Haiti’s devastating earthquake, a team of four fourth-year Berkeley Optometry students, optometrists Drs. Robert DiMartino (’84) and Kent Nozaki (’84), and two volunteers boarded a plane bound for the Dominican Republic with a desire to make a difference. Unable to enter Haiti due to its poor and damaged infrastructure, our team partnered with the Kids Alive International organization to provide optometric screening for Dominican and Haitian orphans in the neighboring Dominican Republic.

Our goal was to screen every orphan in the organization’s six Dominican Republic sites. As soon as we stepped off the plane, we crammed into a van and drove straight to the first orphanage to screen 145 children. We ultimately screened nearly 1,000 children (aged 5 to 12), as well as their teachers. The screening consisted of visual acuity and confrontation testing, autorefraction, retinoscopy, anterior segment evaluation with a handheld slit lamp, and binocular indirect ophthalmoscopy as each person was dilated. The disease we encountered most commonly was toxoplastic scars. Approximately 10 percent of the children screened required vision correction. New spectacle frames were adjusted to fit these individuals, which were then carried back to California with each individual’s prescription data. At Dr. DiMartino’s optometry practice, we spent about two weeks edging and mounting fabricated lenses for each frame, tailored for each child. (Essilor, Marchon, and UCBSO generously provided the frames and lenses.) Upon receiving their glasses, we were told that the children were surprised and excited at how they could now “see the leaves on the trees.”

Although at first it seemed impossible that we would be able to see each child in the six orphanages, long days of traveling and work made it happen. Some days included six to eight hours of screening, sandwiched by two to three hours of driving each way in an overloaded van on unpaved, mountainous roads. We traveled from the mountainous area of Costanza to the northern town of Palo Blanco.

In addition to screening the children, we learned a lot about the Kids Alive organization. We visited houses set up for orphaned children, schools and day-care centers run by the organization, and “barrios” where the children had lived previously. We got to know Director of Operations Vic Trautwein and his family, as they often accompanied us to each location. The Trautweins shared stories about the children at each orphanage and their background of neglect (and often physical and emotional abuse), as well as how the kids have improved since entering the Kids Alive program.

At one stop we met a group of Haitian boys who were about ten years old. These boys had fled the post-earthquake trauma in Haiti by hiding in the back of a pickup truck. When the driver discovered them, he beat them and left them on the city streets in the Dominican Republic to die. Fortunately, they were found and taken in by the people of Kids Alive. After a few difficult months of hostility, the boys were finally adapting to their new home and integrating with the other children in the orphanage.

After five long days of clinic, our team traveled to the coastal town of Sosua to reflect on our experiences. We also got to experience more of the beauty of the Dominican Republic at 27 Waterfalls, where we hiked, jumped off 27 different waterfalls (we verified that the park’s count was correct!), and slid down natural waterslides. It was definitely an adventure.

In the short span of eight days, our team of eight had traveled over 3,000 miles and back. More importantly, we provided vision care for nearly a thousand people; for the majority of these people, this was their first eye-care experience. We were grateful for the opportunity to support the Kids Alive organization and care for the vision and eye health of the disadvantaged children in the Dominican Republic.
The profession of optometry first promoted the collection and analysis of vision survey data at a time when there were few scientific studies in the field of applied physiological optics. There was good reason to conduct such surveys, as early reports frequently identified troubling deficits in the visual health of populations in schools and workplaces. In 1915, for example, the Industrial Accident Commission reported nearly 7,000 eye injuries among workers nationwide, with 175 suffering permanent partial or total vision loss. Inadequate vision in school-aged children also worried optometrists and educators. In 1920, one screening determined that 62% of grammar school children in California had defective vision (15% of these with myopia and 85% with hyperopia, each complicated by astigmatism). Such results were disquieting, because a child’s ability to learn could be seriously compromised by poor vision. By 1921 the American Optometric Association regularly published reports on eyestrain in industrial life and promoted educational programs, vision surveys, and improved illumination in shops and factories.

Berkeley Optometry’s Earliest Vision Screenings and Surveys

Berkeley Optometry’s first vision screening took place in 1925 when Frederick Mason, lecturer in optometry, began testing visual acuity and latent hyperopia in about 2,500 first-year undergraduate students at the University of California in Berkeley. Each test required a mere minute and a half; if visual defects or pathological conditions were found, students were advised to seek comprehensive examinations. Faculty were also involved in various small-scale surveys in the 1930s. One evaluated the visual handicaps of workers and environmental illumination in an Oakland industrial plant. Another examined the eye function of football players at UC Berkeley and UC San Francisco.

In 1930 Berkeley Optometry launched its first extensive vision survey, an important precursor to the Orinda Study. Clinical faculty tested more than 400 students in Oakdale Union High School (Stanislaus County, CA). The optometrists used refractors, phoropters, ophthalmoscopes, skiascopes, test charts, color vision testing equipment, and perimeters. Students were tested over two days, as were faculty, janitors, and school-bus drivers. The study raised a great deal of local interest, particularly due to concern
over the effect of vision anomalies on scholastic success. The investigators found “pure myopia” in 4%, myopic astigmatism in 13%, and hyperopic astigmatism in 29% of the participants. During the 1930–31 academic year, 10% of the students improved their grades in English after vision correction, and 10 students who were expected to fail the overall curriculum earned passing grades.

The Orinda Study

Henrik Blum, MD, MPH (1915–2006), was a pioneer and leader in the field of health policy and healthcare reform, and is hailed today as the “father of health planning” in the United States. On a more local scale, he was also a key contributor to the famed Orinda Study of the 1950s. Soon after becoming the Health Officer for Contra Costa County, Blum was contacted by the superintendent of the Orinda Union School District for advice about whether a study proposed by George Hurd (1925–2004) and Frank Johnson, Jr. (1921–2005) was worthy of support. Blum learned that Hurd and Johnson, two Berkeley Optometry alumni from the Class of 1951, were preparing to conduct eye exams on every grade-school student in the county.

Hurd practiced in Walnut Creek, California, and later served as president of the Alameda Contra Costa Counties Optometric Society (1966) and the Optometry Alumni Association of UC (1988, 1989). Johnson had been a clinical instructor at Berkeley since his graduation. He later became an associate clinical professor and Berkeley Optometry Alumnus of the Year (1975). Hurd and Johnson planned to evaluate the Keystone Telebinocular, Massachusetts Vision Kit, and Bausch & Lomb Ortho-Rater, comparing the results of their evaluations with tests using parts of the standard optometric examination.

Blum met several times with Hurd and Johnson and then called in Henry Peters ’38 (1916–2000), who later became the first full-time clinic director at Berkeley Optometry (1962) and the founding dean of the University of Alabama, Birmingham, School of Optometry (1969). Peters helped to expand, refine, and implement the methodology, and Blum secured $500 in funding from Alameda County. Although the field tests were administered free of charge, Orinda was selected because, as one of the wealthier local communities, its families could afford follow-up eye care if needed.

The study aim was laudable and ambitious: “to develop the least expensive, least technical, and most effective screening ... for finding essentially all elementary school children with vision problems.” The evaluation methods tested in the Orinda Study included parent questionnaires, teacher and nurse observations, the Massachusetts Vision Kit (Welch-Allyn in 1954; American Optical Co. in 1955), Keystone Telebinocular measurements, the California State Recommended Procedure (California State Department of Health), and the modified clinical technique (MCT). The MCT consisted of a battery of tests developed at Berkeley Optometry, including visual acuity, objective estimate of refractive error through skiametry (retinoscopy) using a lens bar with a motion-picture cartoon for fixation, cover test at near and far, and observation and internal examination for pathology or anomalies if indicated.

The Orinda Study was co-sponsored by Berkeley Optometry, the Department of Public Health of Contra Costa County, and the Division of Ophthalmology at the Stanford University School of Medicine, San Francisco. Students in grades 1 through 8 were given annual vision-screening tests for three consecutive years (1954–56). Hurd and Johnson performed the fieldwork in the first two years; Bernice Flom ’49 (1928–74) and George Bradley ’50 (1923–1991) completed the final year. Upon completion of the testing, the California State Department of Health conducted the statistical analysis of 1,221 students (1,163 yielded usable data).

In Vision Screening for Elementary Schools: The Orinda Study (1959), the authors (Blum, Peters, and Jerome W. Bettman, MD, professor of surgery and ophthalmology at Stanford University School of Medicine) settled in favor of the MCT, although this was not the “least technical” of the tests in their study. The authors also recommended an annual Snellen Test of visual acuity for all children (except those scheduled for MCTs) and suggested continued use of traditional “teacher observation” for identifying vision problems without clinical intervention.

“Consorting with the Enemy”

What is mostly forgotten today is the controversy surrounding the Orinda Study within ophthalmological circles of the 1950s–1960s. The findings embarrassed ophthalmologists because optometrists, using the MCT at a cost of only fifty cents per screening, identified all the problems that traditional,
extensive, and far more expensive testing could find in medical centers. The study took place during a period when the American Medical Association had adopted in its code of ethics Resolution No. 77 (June 1955; rescinded June and December 1966), which stated “that it is unethical for any doctor of medicine to teach in any school or college of optometry, or to lecture to any optometrical organization, or to contribute scientific material to the optometrical literature, or in any way to impart technical medical knowledge to nonmedical practitioners.”

Probably no one familiar with the heated conflicts between optometry and ophthalmology in the 1950s–1960s was surprised when the AMA censured Blum, a physician, for violations of Resolution No. 77. The AMA charged him with unethical behavior before the Alameda Contra Costa Counties Medical Association. Upon hearing the accusations, Blum’s wife was furious. She said to him, “We don’t have to put up with this. You get on your best suit and go down there and sit through this hearing…. If there’s any crap, you just tell them that we’re going to hire a lawyer and go the whole way.”

Blum recalled the following interchange:

I appeared before a committee of about twenty doctors, headed by a urologist. They sat me down and read the charge: cooperating with optometrists. The first thing they wanted to know was, “How much did they pay you?” which I don’t think was a good reflection on my colleagues to bring up as the first question. I said, “They didn’t pay me anything—I’m a health officer. We were providing a public service.” “Well, why did youknuckle under to these rascals?” I replied, “I’m concerned with the health of the kids.” “Why didn’t you use ophthalmologists?” I said, “Well ... I asked, but none of the ophthalmologists in the East Bay wanted to play. However, I did get the world’s most famous ophthalmologist, Ed Maumenee, to play; he’s now at John Hopkins.” That response cooled them off. Then they asked, “How much did you make from the book on royalties?” I said, “It just so happens that this is a service kind of book. University Press does not pay its authors anything for this kind of book. We ended up figuring out how to do it [the screening], right, and we checked it out all the way around; all the other tests were terrible.” They said, “Well, would you write all this up? We’ll send it on to the AMA.” I submitted my report and the case was removed.

Blum’s unflappable defense of his participation in the Orinda Study earned him many admirers within optometrical circles. For taking such a risk, and for his many contributions to healthcare in the United States (including joining with Berkeley Optometry faculty to testify before the state legislature in 1976 for passage of California’s first optometric diagnostic pharmaceutical agents law), the American Optometric Association presented Blum with the Apollo Award in 1986, its highest honor for persons or organizations who have given distinguished service to the visual welfare of the public. In 2010 Berkeley Optometry Professor Richard Van Sluyters, OD, PhD, summed up Blum’s role in the Orinda Study:

If you knew Blum, this ... [anecdote] is just priceless, and sounds so very much like him. He was an amazing person.... We all grew up believing the Orinda Study was almost entirely Henry Peters’ doing. As you can see, the true intellect behind the study—the person who gave it a solid public health research design and the imprimatur that resulted in much of the study’s fame—was Blum, whereas Peters’ genius was in implementing the study.

It is remarkable that a physician should become a steadfast proponent of a vision survey conducted by optometrists during a most contentious period of discord between organized ophthalmology and optometry (1950s–1960s). That this screening turned out to be a landmark study on refractive error in children also marks it as a singular achievement for Berkeley Optometry and its key ophthalmological ally, Henrik Blum. The Orinda Study became an iconic model for testing the visual health of school-aged children, leading to refinements and the development of vision-screening programs throughout the United States.

More recently, Berkeley Optometry worked with the Orinda school system on another well-known study, the Orinda Longitudinal Study of Myopia, headed by Professor Anthony Adams (dean 1992–2001) and funded by the National Eye Institute. Begun in 1989, the 12-year project examined predictive factors for the onset of myopia, the underlying etiologies of myopia, and normal eye growth in school children.

References


Van Sluyters, Richard. Email communication with John Fiorillo, September 13, 2010.

For more information about Berkeley Optometry; its history and accomplishments; and the students, faculty, and other individuals connected with the school see Berkeley Optometry: A History, by John Fiorillo (2010) at http://optometry.berkeley.edu/historybook.html.
Arthur was a life member of COA. He leaves two brothers (one of whom is Edmond Chong ’42) and one sister.

At the November 2010 annual meeting of the American Academy of Optometry in San Francisco, Morris Kirschen was awarded a diamond pin—commemorating his service as a Fellow of the Academy for 50 years!

Howard Pflug and his wife Marcia attended OptoWest in Indian Wells, CA, in April 2011. They celebrated their 62nd wedding anniversary in July!

Upon graduation from Berkeley Optometry, Bruce James Parsons returned to his home state of Utah to establish a solo practice in Murray (a suburb of Salt Lake City). He married Thelma Bagnell, who was recognized in 2002 as one of the Hundred Most Honored Artists of Utah. Bruce and Thelma have four children (Cheryl, Wendy, Craig, and Vaughn), and he and Thelma have enjoyed traveling throughout the world. Bruce retired in 2000 after 50 years of practice so he could manage the real estate he purchased during his practice years. He is a past president of the Utah Optometric Association (1958–59) and was named Optometrist of the Year in 1968. In 1957 he became the first president of the Murray Rotary International Club. He served Rotary Vision Service Projects in Thailand and Mexico and also served as District Governor for Rotary International in 1984–85. Bruce recently attended the AOA annual meeting in Salt Lake City, where he reconnected with Berkeley Optometry. “Optometry was a fortunate way to make a living, thanks to the University of California, Berkeley, School of Optometry.”

At this 50th anniversary of his graduation and as the first recipient of the Gold Retinoscope, Louis Warshaw is very pleased to still be around. The outstanding education he received at Berkeley gave him the opportunity to teach at the Ohio State University College of Optometry, Illinois College of Optometry and Illinois College of Optometry, as well as to become the first director of clinics at the newly formed Michigan College of Optometry at Ferris State University. Louis was chief of optometry at the VA Medical Center in Saginaw, Michigan, for over 25 years and has been a consultant to the Michigan Department of Community Health for 35 years. He sends his best wishes to his fellow classmates, wherever they are.

34 Edward Goodlaw attended UC Berkeley, first majoring in physics before studying optometry. He practiced in Los Angeles, California, until he retired in 1993. Ed made many contributions to optometry, including introducing the slit lamp biomicroscope to California ODs and participating in the creation of the plastic corneal contact lens (with Kevin Tuohy and Solon Braff). He served the profession as president of the Los Angeles County Optometric Society in 1949, and in the American Academy of Optometry he was the first and one of the few “triple threats,” having earned diplomat status in contact lenses, low vision, and binocular vision. He was named Berkeley Optometry’s Alumnus of the Year in 1979 and was voted into the Berkeley Optometry Hall of Fame as a charter member in 2002. Ed was the very first recipient of the William Feinbloom award of the American Academy of Optometry for his contributions to the profession and the public in 1983, and he was presented with an Academy Life Fellowship in 1997. Ed passed away in December 2010 at age 97. Married for 64 years, he is survived by three children, six grandchildren, and two great-grandchildren, with another on the way at the time of his passing.

36 Arthur Chong passed away on February 5, 2011, at age 96. After practicing in San Francisco’s Chinatown for 47 years, he relocated with his son, Richard, to San Francisco’s North Beach, where the practice still resides. He retired after working 66 years.
by Stanley Dickens, OD, in 1948. They plan to add a new OD (Berkeley grad preferred!) to the office in the near future.

75 After 35+ years of practice, Arthur Low decided to cut back a bit and hired Jennifer Hsieh ’09 in July 2010. She has been a wonderful addition to the practice, which also includes Rodney Lum ’89. Arthur doesn’t plan to retire but does enjoy three-day weekends. He still serves on the boards of the Campbell Chamber of Commerce, California Optometric Laser Associates (COLA), and LSCOA-PAC. His younger son, Evan, has announced that he is seeking Assembly Seat #24 in 2012, when the incumbent will be termed out. Arthur’s older son, Ryan, has been with the Oakland Police Department for three years.

Rev. Dr. Clyde W. Oden, Jr. (OD ’68) in his post-OD role as senior pastor at Bryant Temple African Methodist Episcopal Church

73 Bill Wong and Douglas J. Leo ’80 just built and opened a new stand-alone 5,500 sq. ft. office building in Fontana, CA, after five years of planning and building. They are doing this in the very city where the original Kaiser Permanente facility opened in 1949. Their practice is older than Kaiser by one year, having been started

86 The Class of 1986 held a very successful 25-year reunion on September 23, 2011, in Las Vegas at Vision Expo. Lester Silverman is now practicing in Manhattan Beach, CA. He has been on the city’s Parking and Public Improvements Commission for four years.

Jeff Azus, Blake Kuwahara, Steve Godfrey, and Alice Azus ’85, in conjunction with Lions in Sight and together with volunteers from the San Diego Lions Club, provided eye care to nearly 500 patients in the Tijuana, Mexico, area this past spring.
This clinic was organized through the generous efforts of six local Lions and Leo Clubs in the Tijuana area. For more information on how you can contribute and/or donate used glasses to Lions in Sight, please go to www.lionsinsight.org.

**90 Kelly Sattler-Welch** grew up in Sacramento, CA, and completed her undergraduate education at UC Davis before being admitted to Berkeley Optometry. She practiced in San Francisco after graduation and eventually moved to Arnold, CA, where she practiced at Sierra Vista Optometry. Kelly passed away in December 2010 at the age of 50.

**00 Teresa Chung** gave birth to a son, James Christopher Carlson, on September 2, 2010!

The Class of 2000 had its 10-year reunion in October 2010. Over half the class attended—we had 32 classmates and an additional 55 significant others (not everyone made it into the photo). It seems as if the class is very productive—not only in the clinic but also at home, as there were so many small children. We even had classmates fly in from New York and Florida. It was so much fun to see everyone again, and hopefully we will not wait another 10 years for our next reunion!

**06 Sara Chiu** was awarded ACCOS Young Optometrist of the Year at the Alameda Contra Costa Counties Optometric Society’s annual installation meeting in January. At the COA’s 2011 House of Delegates meeting in February, **Jessie Liu** won the “Membership Begins with Me” recruitment contest for the most new members to the COA. At the same House of Delegates meeting, **Chris Gee** was awarded COA Young Optometrist of the Year.

**10 Emily Fisher-Gentry** recently joined the practice of Fisher-Swale-Nicholson Eye Center, which her father founded the year she was born. Her clinical interest is in pediatric optometry, and she is happy to have the opportunity to return to her hometown to serve her community, learn from her father, and be close to her family. She recently married and resides in Kankakee, IL, with her husband, Matt Gentry.

**11 Sheryl Guillory** is one of three resident optometrists for the SUNY Brooklyn/St. Albans Veterans Affairs Medical Centers, specializing in primary care and ocular disease.

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**In Memoriam**

- Dr. Edward I. Goodlaw ’34
- Dr. Arthur Chong ’36
- Dr. Jess B. Eskridge ’54
- Dr. Lester Fischer ’54
- Dr. Key Way Lou ’59
- Dr. N. Rex Ghormley ’64
- Dr. Gloria E. Waite ’66
- Dr. Douglas Clarke ’86
- Dr. Kelly Sattler-Welch ’90
- Dr. Ronald Fronczek ’91
optometry.berkeley.edu

alumni benefits

GLAUCOMA CERTIFICATION

Berkeley On-Line Lectures and Demonstrations (BOLD) programs provide video-based, online courses for glaucoma certification of California optometrists. The 24-hour didactic glaucoma course, the initial course in the series, discusses the diagnosis and treatment of glaucoma. The subsequent 16-hour glaucoma case-management course emphasizes patient management by examining approximately 40 glaucoma cases. Presenters include renowned optometrists and ophthalmologists Drs. Karen Walker-Brandreth, Ron Melton, Randall Thomas, Bob Stamper, and Todd Severin. The self-paced, online format allows optometrists to take the courses in their own environment and as their own schedule permits. Both courses may also be taken for TPA CE. The Berkeley Optometry Glaucoma Grand Rounds program, offered at the Berkeley Optometry clinic, is a 16-hour weekend program that includes live patients and completes the certification requirements. For information on the courses and registration, please see our website at http://www.boldoptometry.org.

FREE LEGAL SERVICE CONSULTATIONS

We have again renewed our arrangement with two prominent law firms in San Francisco for reduced legal consultation fees for alumni and faculty who might need legal services. This has been a popular alumni benefit that has generated outstanding feedback. If you think you might need an attorney or have a quick legal question, you may call 888-392-1960 to receive a free 15-minute consultation from attorneys at Sideman & Bancroft LLP and Futterman & Dupree LLP. Many matters can be dealt with in that amount of time. If more time is needed, you may choose to take the information you’ve already received to any attorney of your choice, or you may engage the attorney you just spoke with at rates discounted 20 percent or more. The services offered cover both transactional and litigation matters and encompass employment/human resources, state board regulatory issues, state and federal tax, commercial law, business contracts, real estate, professional liability, partnership formation and dissolution, and leasing, among others. Again, if you have any questions, please feel free to call 888-392-1960.

ALUMNI REFERRAL SERVICE AND ONLINE COMMUNITY

Whether in the Bay Area, Los Angeles, New York City, or Wheatland, Wyoming, University of California grads and the general public want to find Berkeley-trained optometrists. Berkeley Optometry has developed the Findanalum web application to serve as a provider referral site for the general public and an online community for alumni and students. This tool will help alumni expand their practices by allowing the entire University of California community, as well as the general public, to search for optometrists trained at Berkeley Optometry. We also anticipate that this online forum will foster communication among our alumni and students, who can create and manage profiles by logging on to http://ucberkeley-optometry.findanalum.com. The profile contains fields for education, areas of expertise, address and contact information, picture, and links to professional and/or personal websites. Community members can choose which information is available for public access and can also search for classmates, communicate by e-mail, and post announcements.

Only Berkeley Optometry alumni, faculty, and students will appear in this directory. As a provider referral service, the directory will be publicized by the California Alumni Association (approximately 450,000 members). If you have any questions about creating a profile, please e-mail Kristen Williams at kristenw@berkeley.edu.

ALUMNI RECEPTIONS AND REUNIONS

We want to make our presence known! Look for us every year in the OptoWest Exhibit Hall—we have a booth and love having our alumni stop by to say hello. Also, be sure to keep an eye out for us at the American Academy of Optometry and the American Optometric Association meetings, where we host alumni receptions. Check the meeting programs for details or contact Kristen Williams at kristenw@berkeley.edu. We will also be organizing reunions and alumni celebrations each fall. Contact Kristen if you are interested in being on your class’s reunion committee, helping to organize, or simply looking for details on your reunion.

ALUMNI TRIPS

Explore the world with Berkeley Optometry! In October 2009 we organized a trip to China that was a huge success.

In October/November 2011 Berkeley Optometry alumni are touring South Africa and Botswana—sharing fascinating sights, delicious meals, and exciting adventures from Cape Town to Johannesburg, Kruger National Park, Victoria Falls, and the Okavango Delta.

If you have a suggestion for the next Berkeley Optometry alumni trip, let us know!
The Age of Philanthropy in Public Education

By Lawrence Thal, OD, MBA, FAAO

There is nothing new about the concept of philanthropy supporting higher education. Since 1638, when John Harvard bequeathed the funds that led to the founding of Harvard University, higher education has attracted a large share of American philanthropy. The University of California, Berkeley, has benefited enormously over the years as the recipient of large gifts from individuals such as Edward Tompkins, a Regent who established a professorship of Oriental language; A. K. P. Harmon, a “forty-niner” who founded a gymnasium; Charles Franklin Doe, a San Francisco businessman who provided the funds for the construction of a library building; Herbert Bancroft, a historian and book collector who presented his library of 60,000 items to the University of California; Jane Sather, who established the first life income gift to the University; Phoebe Hearst, who provided the funds to build Hearst Hall, Hearst Memorial Mining Building, and the Greek Theatre; and John D. Rockefeller Jr., who founded the International House.

Gifts like these largely ignored the area of scholarships because it was assumed that public support (state funding) created educational opportunities at a minimal cost to students. This was true until fairly recently—historically, students paid very low tuitions to acquire a University of California degree. But as you have read in prior issues of Berkeley Optometry Magazine, this is no longer the case. Tuition increases have been unavoidable as a result of dramatically diminishing state support, especially in the last few years, evident in the top chart on the left. Currently, annual tuitions at Berkeley Optometry exceed $25,000 for in-state students.

To alleviate the burden on students, the University has responded energetically to the need for tuition assistance and other funding by appealing to sources of philanthropic support, as can be seen in the second chart on the left. Berkeley Optometry’s progress in this effort has been quite remarkable. We have raised over $12 million during the current campaign—nearly $3 million for scholarships alone. Our progress toward our campaign goal of $20 million parallels that of the campus at large. This progress is especially noteworthy when we consider that our alums, faculty, students, staff, friends, and industry partners have provided this support while philanthropy overall has fallen—3.6 percent in 2009 alone. Charitable contributions to U.S. colleges and universities declined 11.9 percent in 2008–2009, the greatest decline ever recorded (Council for Aid...
to Education, 2010). What makes our progress extraordinary is that Berkeley Optometry’s campaign did not begin until two years after the start of the Campaign for Berkeley, with the formation of the Office of Development at the School of Optometry near the end of fiscal year 2006.

We have done very well in the areas in which we have concentrated our efforts, those where matching fund opportunities existed—faculty support (matched by the Hewlett Foundation Challenge) and scholarships (Professional Student Support Funds matched by the Chancellor, graduate fellowships matched by the Graduate Division, and new graduate student support funds matched by the Chancellor). Because we wanted to take full advantage of matching opportunities before they expired, our capital campaign began only recently. While there are many opportunities for capital support (highlighted on the Naming Opportunities page that follows), these are our three main areas of focus:

- Remodeling the ground floor of Minor Hall
- Enclosing the breezeway between Old Minor and Minor Addition
- Building an ambulatory surgery center below the Meredith W. Morgan University of California Eye Center

Thanks to a very generous gift from Pamela Fong ’77, the entire second floor of Minor Hall was remodeled in the last decade. The remodel, including the Fong Optometry & Health Sciences Library, was dedicated in February 2002. But the ground floor of Minor Hall, relatively unchanged since optometry moved to Minor Hall in 1953, is now a critical goal. Plans include construction of a new state-of-the-art lecture hall, student lounge, and a student and alumni services office.

Enclosing the breezeway between Minor Hall and Minor Hall Addition will not only provide a needed foyer but will also create a focal entry point to the school.

The surgery center will allow for better care of our patient population and foster greater appreciation among our students for how optometry and ophthalmology can cooperate in managing the needs of patients. We also anticipate that the surgery center will become a major referral center for optometrists throughout the East Bay. The revenue it will generate will be vital as we continue to modernize our many teaching clinics.

It is an unavoidable reality that philanthropy is a necessary component of professional programs in higher education. The partnerships we create for these projects will enhance our professional degree programs and help provide choices for our graduates. While helping individual students finance their education is more important now than ever, gifts for capital improvements can raise the quality of education, with an even greater impact over time. Without both the scholarships and facilities that these partnerships help provide, graduates of our school have limited options. Without scholarships, Berkeley Optometry graduates will most likely decide their futures based on how they can best retire their student debt, which averages well above $100,000 upon graduation. That future may not include postgraduate programs, research, or teaching. This is not a problem unique to optometry. How many of our Berkeley Law graduates will be able to opt for public-interest law when their annual tuition is nearly $40,000? Without philanthropic support, it is hard to imagine how higher education will have the resources to fulfill our promises to the next generation of graduates.

Individual departments on our campus for the most part do not control their own budgets, so private gifts are essential in alleviating resource deficits. These gifts profoundly impact educational quality, as they are often dedicated to support specific programs beyond the reach of the campus or university administration. In the pages that follow, we thank and recognize those who have already made gifts. We hope those gifts inspire others to follow their example. Bequests are increasingly being used to fulfill philanthropic intentions, but Berkeley Optometry often learns of their existence only after the donor’s death. Joining the Optometry Associates of the Benjamin Ide Wheeler Society provides a way for us to recognize such support in a more timely manner.

As the Chinese proverb says, “The best time to plant a tree was 20 years ago. The next best time is now.”
Please join us in our fundraising campaign to ensure that Berkeley Optometry has the facilities and infrastructure to continue leading the profession in optometric education and vision research!

- Lecture Hall Chairs: $1,000
- Clinic Teaching Modules: $5,000
- Clinic Examination Rooms: $10,000
- Berkeley Optometry Archives: $15,000 reserved
- Research Labs: $20,000
- Berkeley Optometry Foyer: $50,000
- Business Office: $50,000
- Hall of Fame Endowed Scholarships: $50,000
- Specialty Service Reception Areas: $50,000
- Student Lounge: $50,000
- Tang Student Health Center: $50,000
- Lecture Room (100 Minor Addition): $50,000
- Conference Room (355 Minor Addition): $50,000
- Dean’s Office: $100,000
- Eye Wear Center: $100,000 reserved
- 489 Lecture Hall (Minor Hall): $100,000
- Minor Plaza: $100,000
- State-of-the-art Lecture Hall (ground floor Minor Hall): $250,000
- Main Entrance and Breezeway: $500,000
- Surgical Center: $1,000,000

The Minor Hall Capital Campaign

Contact: Larry Thal, Assistant Dean
School of Optometry, 302 Minor Hall,
University of California, Berkeley, CA 94720-2020
Phone: 510-643-0786; E-mail: LarryThal@Berkeley.edu

http://givetocal.berkeley.edu/makeagift/optometry/
On this and the following pages, we recognize our many generous supporters and highlight the variety of ways in which you can support Berkeley Optometry. The Meredith Morgan Society consists of those donors who support Berkeley Optometry through the Annual Fund. The Endowment Funds are substantial gifts pledged over a number of years, intended to provide long-term financial resources for the school. The Optometry Associates of the Benjamin Ide Wheeler Society consists of those donors who have included Berkeley Optometry in their estate planning.

The list below recognizes those who have made gifts, pledges, and pledge payments to funds at Berkeley Optometry other than the Meredith W. Morgan Society Annual Fund from July 1, 2010, through June 30, 2011.

**$500,000 plus**
CooperVision, Inc.

**$100,000–$499,999**
Robert J. Smith
Carl Zeiss Vision

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Canadian Institute for Advanced Research
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Michael G. Harris ’66 and Dawn Block
Jimmy Low ’52
Vision Service Plan

**$1,000–$9,999**
Alameda Contra Costa Counties Optometric Society
Thomas Aller ’83 and Virginia Aller
Berkeley Optometry Class of 2012

Berkeley Optometry
Class of 2013
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Bioptigen, Inc.
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CIBA Vision Corporation
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Lawrence S. Thal ’75 and Esther G. Thal

University of California
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Vision One Credit Union
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The Meredith W. Morgan Society
Berkeley Optometry Annual Fund Donors (July 1, 2010 to June 30, 2011)

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($1,000 and up)

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Sara Y. Chiu '06
James L. Cooperman '83
Grace G. Deutsch '43 and Howard Deutsch
William K. Dorrance '67

Class year denotes year of OD degree.
All other degrees as noted.
The Foundation for Excellence: Berkeley Optometry’s Endowment

An endowment is a gift that supports students, faculty, and programs over an extended period. The principal of the gift is invested, and a portion of the return is used each year to support the school, college, or program designated by the donor. Endowments may be established for a wide variety of purposes, including student support, faculty chairs, program support, and research. Endowment gifts of $50,000 or more may be named for the donor or someone the donor wishes to honor or memorialize.

In the 2010–2011 fiscal year, six new endowments were established at Berkeley Optometry: the Pamela Fong and Family Professional Student Support Fund; the Dennis, Marilyn and Ronli Levi Family Professional Student Support Fund; the Optometry Alumni Association of the University of California Graduate Student Support Fund; the Berkeley Optometry Class of 2009 Professional Student Support Fund; the Berkeley Optometry Class of 2010 Professional Student Support Fund; and the Berkeley Optometry Class of 2011 Professional Student Support Fund.

Supporting Berkeley’s endowment has never been more vital. It provides long-term financial resources that can be used to attract and retain world-renowned scholars, launch groundbreaking research endeavors, and make it possible for the most promising students to attend Berkeley regardless of their financial means. Through careful investment of new gifts, Berkeley’s endowment creates the foundation for excellence.

For further information about establishing an endowment or making a gift to an existing endowment at Berkeley Optometry, please contact Lawrence Thal at 510-643-0786 or larrythal@berkeley.edu.

Student Support Endowments

The Tony and Elna Adams Optometry Student Diversity Support Fund
The Alameda Contra Costa Counties Optometric Society (ACCCOS) Professional Student Support Fund
The Dr. John R. and Norma M. Austin Optometry Student Support Fund
The Drs. Stephen R. Chun and Doris Sue Chun Professional Student Support Fund
The Ciba Vision Endowed Student Scholarship Fund
The Theodore Cohn Vision Science Fellowship Fund
The Contact Lens Clinic Faculty Professional Student Support Fund
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The Ko Clinic/UC Optometry Alumni Professional Student Support Fund
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The Solon M. and Pearl A. Braff Chair in Clinical Optometric Science
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The Berkeley Optometry Class of 2012 Professional Student Support Fund

For further information about establishing a scholarship or making a gift to an existing scholarship at Berkeley Optometry, please contact Lawrence Thal at 510-643-0786 or larrythal@berkeley.edu.
I ORIGINALLY JOINED the Optometry Associates of the Benjamin Ide Wheeler Society (OABIWS) at the urging of Weylin Eng—there aren’t many people who can say “no” to Weylin! He convinced me that I could support Berkeley Optometry through planned giving without jeopardizing future gifts to my children and grandchildren.

I came to realize that there are many reasons to join. Optometry is a great profession, and I am proud to be an optometrist. I know that most of my colleagues feel the same way, because they often encourage their sons and daughters to follow in their footsteps. We all have many classmates who are renowned educators, state and local optometric leaders, and successful private practitioners. They achieved this status through hard work and a dedication to optometry. We are small in numbers as a health profession, but our commitment to our profession is large.

Optometry has provided the means to raise and educate our children and ensure a comfortable life for ourselves. To quote former Dean Meredith Morgan, “Optometry is a profession where you may not be eating high off the hog, but somewhere in the middle of the pig!” Most of us are not wealthy, but we can find a way to contribute to the continued greatness of Berkeley Optometry.

We are all aware of the budget crisis at the University of California and how it impacts tuition, faculty recruitment, and construction on campus. I choose to donate to the Berkeley Optometry Annual Fund to help meet current financial needs. But as a member of OABIWS, I can also contribute to the future greatness of Berkeley Optometry without impacting the financial future of my family. Gifts can be bequests in wills or living trusts; gift annuities or charitable trusts; and beneficiary designations of retirement plans, brokerage accounts, and life insurance policies. Berkeley Optometry’s Director of Philanthropy (510-642-2643) will help you find the right way to provide your own legacy to your education and profession.

Join me in OABIWS and give back to optometry!
How has your career prepared you for this position?
I have always had a passion for customer service. I started out managing a business that catered to children aged 5–14 and then transitioned into higher education at Duke’s Fuqua School of Business, building their alumni relations program. In 2004 I joined UC Berkeley’s Haas team as Director of Alumni Relations. I managed their events, programs, and services, including alumni career services. Four years ago I began working among the Haas Silicon Valley community as a Director of Development. I have a strong foundation in launching and managing services and programs targeted at high-achieving communities, and I am excited to be joining this one.

What attracted you to Berkeley Optometry?
When I first met Dean Dennis Levi in 2008, I could see that he was a visionary leader—his energy and passion for the school is infectious. When presented with the opportunity to join his team, I jumped at the chance. Berkeley Optometry represents two things that have always gotten me excited—the pride that comes from a tradition of excellence and the fire that comes from a chance to become better yet. In my new role I will help implement the dean’s vision in two key areas, alumni relations and career services.

What are you looking forward to most about this role?
I’m excited to get to know the school’s students and alumni and build on the Alumni Association’s success with new programs and services. Career services is an area that many students and alums have expressed interest in improving and expanding. I look forward to collaborating with the Admissions and Student Affairs Office (ASAO) and our alumni community to augment the workshops, mentoring opportunities, and networking events that currently exist for our students and alumni.

Why are alumni organizations important?
Alumni organizations are a key link between the school and the outside world. They help maintain and expand a school’s impact by creating paths for faculty to present their research, helping students find jobs, bringing real-time industry expertise and knowledge back to the academic institution, and representing the school. Active alumni organizations can help alumni achieve individual professional goals, develop and maintain relationships, and access cutting-edge research. We will strive to provide opportunities for all Berkeley Optometry alumni to grow personally and professionally, connect with one another successfully, share with colleagues and students, and lead their peers.

How can alumni get involved?
There are already many ways to get involved with Berkeley Optometry, and we look forward to developing even more. Alumni can participate in recruiting new students and in admissions processes, mentoring current students and providing career guidance, and even hiring outstanding new grads. Alumni are welcome to share expertise with students. There are also opportunities to become class leaders, work with the alumni relations team to host events, and share ideas about potential new services the school can provide. Financially, alumni can support the school through the annual fund, student scholarship endowments, and faculty chair endowments.

What else should our readers know about you?
While away from the office, I enjoy exploring the outdoors with my husband and two children. I am a Boston native and love visiting my family there, cheering for the Red Sox and drinking Dunkin’ Donuts coffee.

How can alumni reach you?
Easily! My e-mail address is kristenw@berkeley.edu, and my phone number is 510-642-4491. Alumni can always reach our main office at 510-642-2622 or by e-mailing us at optoalumni@berkeley.edu.
The Class of 2011 displays some optometric spirit!