GUEST EDITORIAL: THE IMPORTANCE OF OPTOMETRY IN THE UNITED STATES MILITARY

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It is necessary, at the outset, to note that life in the military, especially for an optometrist, can be challenging. Nevertheless, some of the finest people one will ever know are proud to serve their country, some at great sacrifice. Optometrists who have served in the United States military account for just a part of those optometrists who have served in the federal service. Other branches of the Federal Service include the Veterans Administration, the Indian Health Service as part of the U.S. Public Health Service, and federal civilian servants. However, it is military optometry that has had a lengthy and significant impact on optometry as it is currently practiced in the U.S.

In 1916, before the U.S. entered World War I, U.S. Representative Percy Quin of Mississippi introduced House Bill 15576 to create an Optometry Corps. This bill was never voted out of committee but is remarkable since at that time only 37 states had enacted an optometry law.¹

During World War I, only several enlisted optometrists had official local authority to practice optometry in the military.^{2,3} During World War I, there was no official U.S. military provision for optometrists to serve in a professional capacity in the Army.^{2,3} It was possible for them to enlist as medical personnel and hope their hospital commanding officer would take advantage of their expertise.^{2,4} Prior to World War I, the Army did not provide soldiers with spectacles. In 1917, a program was developed that furnished spectacles to soldiers for a price 10% over the government cost of lenses and frames. In 1918, the Army authorized

the free issue of spectacles to enlisted personnel, while officers, nurses and others could purchase spectacles through the post exchange.^{2,4} Free spectacles were furnished to officers in 1920 but the program was dropped in 1920.²

During World War II few physicians, other than ophthalmologists could perform an accurate refraction, and there was no provision for commissioning optometrists. Therefore, ophthalmologists rendered almost all eye care in the military with some unofficial assistance by optometrists.³ Optometrists who enlisted in the military during the war did so as non-commissioned officers, usually at the rank of private or corporal.

A classic example of this situation has been provided by Dr. Irving Bennett from his experience as a private in the U.S. Army in 1944.⁵ Dr. Bennett had received a deferment to finish his optometric education. Dr. Bennett notes that even as non-commissioned officers, military optometrists, were often allowed to use both diagnostic and therapeutic drugs in the military during this time. Enlisted army optometrists continued to be utilized until as late as 1957. One exception to this was Captain John W. Sheridan, who had been an army ordinance officer during WW II. In September, 1947 Captain Sheridan became the first army optometrist to be commissioned in the new Army Medical Service Corps.^{2,3}

One benefit to those veterans who served in World War II was the financial support provided by the GI Bill. Subsequently this had a great effect on optometry as veterans discovered the profession of optometry. The number of veterans entering optometry schools and colleges after the war increased significantly. These post-war optometrists established practices in cities and towns across the U.S. They served as the basis for launching the increase in the scope of practice that would take place some 20 to 30 years later.

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The path followed by optometry to gain commission status and eventually an entering rank commensurate with their education was not a straight line but often varied with each branch of the military and the individual optometrist's level of education. During World War II, many optometrists volunteered for Army Air Corp flight training and Officer Candidate School to become a commissioned officer but they did not practice optometry while in the service.³

Shortly after the outbreak of World War II the Navy began commissioning optometrists in the Hospital Specialist Corps. While the Army desired a college degree as a prerequisite, the Navy wanted to keep the way open for commissioning from the ranks of enlisted personnel.² The Navy's receptive attitude may have been that Dr. Lesley Burdette, a former AOA president, had played on the same college football team as the Navy's Surgeon General, Rear Admiral Ross McIntire.^{2,3} Mahlman has reported there were some 120 optometrists on active duty in the Navy by the end of the war.⁶

In 1957 federal legislation was passed to establish an Optometry Corp but unfortunately this measure was vetoed by President Harry Truman.³ This was during a time when the number of active duty

slots was being reduced and the size of the Corp probably was not in its favor. However, President Truman did receive a commitment from the War Department that it would begin commissioning optometrists in the regular Army. By the end of World War II each of the services had an optometry section as had been suggested by President Truman. Unfortunately, commissioning would not begin for another two years because of stalling by the Medical Department.^{2,3} From this point forward, each service applied its own rules for commissioning optometrists and determining the entering rank. By the late 1960's most optometrists entered the military at the rank of Captain (Army, Air Force) or as a Lieutenant (Navy). The subject of entering rank is a matter of some complexity and beyond the scope of this editorial.

The Vietnam War lasted from 1955 to 1975 with the U.S. being involved from March 1965 to April 1975. During the early part of the time period of U.S. involvement many optometrists were commissioned as second lieutenants. In 1972 there were 284 optometrists in the Army.³ Even after Vietnam there were approximately 500 optometrists serving in all services on active duty worldwide.³ During the era of the Vietnam War, whether stationed in Vietnam, the United States or elsewhere, optometrists were providing much of primary eye care to active duty servicemen and women, retirees, and dependents. Many of these optometrists also gained experience using drugs for diagnostic and therapeutic purposes, especially if they were the only eye care provider available at the base or post.³ For many optometrists, their military experience had served as an informal residency, especially before residency programs were a part of optometric education.

During the height of the Vietnam War, a meeting was held at a hotel near the La Guardia Airport. This meeting was not the result of any optometric organization but a small group of interested individual optometrists. The primary purpose of the La Guardia meeting was to ascertain the future of optometric education.⁷ By 1969, all optometric programs were at least six years in length and any future growth would, most likely, require an expansion in the scope of practice. This would result in a significant departure from that of a heretofore drugless profession.

The combination of a cohort of optometrists with experience in diagnosis and treatment of ocular disease coupled with a changing attitude regarding optometry as a drugless profession led to a significant change in the profession. Rhode Island was the first state to pass legislation, in 1971, that permitted optometrists to use drugs for diagnostic purposes.⁸ The number of change in scope of practice acts since the passage of the first law has exceeded 225 and has resulted in one of the greatest metamorphosis of any health care profession in American history.

The experience gained by those optometrists who served in the military during the Vietnam Era, and after, played a significant role in the expansion of the scope of practice. As these optometrists returned to civilian life and became active in their state optometric associations, laws were passed, and the scope of optometric practice changed accordingly. Of course, there were many factors that influenced these changes but few doubt the effect these military experiences had on the optometric profession.

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