OPTOMETRY AND THE DEPARTMENT OF VETERANS AFFAIRS: A SYNERGISTIC RELATIONSHIP

Robert D. Newcomb, OD, MPH, FAAO

Emeritus Professor of Optometry,
The Ohio State University

newcomb.2@osu.edu

doi 10.14434/hindsight.v5i3.31067

ABSTRACT

This paper discusses the history of optometry in the Department of Veterans Affairs (VA), starting from minimum involvement and developing into an extensive level of activity benefiting both the profession of optometry and the VA. The author also recounts experiences which led him to a career in optometric education and work in VA optometry.

KEYWORDS

Optometry history; Optometric scope of practice; Optometry in the Department of Veterans Affairs.

Background

In 1636, the Plymouth colony began providing money to disabled Veterans who were injured from their battles with Native Americans. Other colonies soon followed Plymouth's example. Following the Revolutionary War, the Continental Congress assumed the burden of paying veterans benefits by passing legislation in 1789. By 1808, all Veterans programs were administered by the Bureau of Pensions under the Secretary of War. The Bureau was subsequently re-organized under the Secretary of the Navy, and then under the Department of the Interior. Its mission was expanded in 1862 during the Civil War to provide disability payments not only to Veterans but also for widows, children, and dependent relatives; and included compensation for diseases such as tuberculosis incurred while in service to their Country. In his second inaugural address in 1865, President Abraham Lincoln called upon Congress "To care for him who shall have borne the battle and for his widow, and his orphan". This famous phrase was later adopted as the present-day Department of Veterans Affairs (VA) Motto.

In 1921, Congress created the Veterans' Bureau to consolidate newer governmental programs for Veterans, which now included hospitalization, rehabilitation, and educational benefits. Nine years later, on July 21, 1930, President Herbert Hoover signed an executive order which established the Veterans Administration (VA). During the next ten years, the number of VA hospitals would increase from 64 to 91; and the number of beds in those hospitals would increase from 33,669 to 61,849.¹

Following World War (WW) II, Public Law 79-293, passed in 1946, created the Department of Medicine and Surgery (DM&S) within the VA. With millions of returning WWII Veterans requiring medical and surgical care - and the current VA hospitals woefully inadequate to provide that care - VA administrator General Omar N. Bradley and VA DM&S chief Major General Paul Hawley initiated a series of "Memoranda of Affiliations" with the nation's medical schools. These Memoranda provided much-needed care for Veterans as well as much-needed clinical residency and

teaching fellowship experiences for new medical doctors (MDs). The initiative was soon extended to nursing, dental, and other health care training programs across the country. That same year, the VA Hines hospital in Chicago (named for Brigadier General Frank T. Hines, who was the second Director of the Veterans' Bureau) was the first VA facility to affiliate with the medical schools at Northwestern University and the University of Illinois. The appointment of VA medical staff was removed from Civil Service rules to attract doctors and other health care professionals in larger numbers. Major General Hawley also began many of the VA's hospital-based research programs at the about same time.¹

A small veterans tribute park in South Carolina, one of many across the country to thank veterans for their service to America and remind us that freedom is not free.

VA Optometry: the early years

Optometrists (ODs) were first placed on the staff of VA hospitals in 1947; and in 1957, Public Law 85-96 provided specific authority

for subsequent employment of additional ODs. In 1972, the VA Department of Education and Research formally approved and funded the first program in the nation for training optometry students at the VA hospital in Birmingham, AL. This historic event was a cooperative effort among the VA's Central Office, the administration of the Birmingham VA hospital, and the founding Dean of the University of Alabama at Birmingham (UAB) School of Optometry, Henry B. Peters, OD, MA.² A description of the first optometry teaching clinic in a VA hospital has been provided by Keller.³ One example of an academic affiliation between a VA hospital and a College of Optometry has been provided by Newcomb and Hill.⁴ The first accredited VA optometry residency program was established at the Kansas City VA Medical Center in 1975; and Joseph H. Maino, OD provided an outcome assessment of it in 2000.⁵

"I never planned to practice in a hospital"

In the Spring of 1974, I was totally unaware of the negotiations going on among Optometry, the VA, and Congress at that time. Instead, I was thinking about what I was going to do after my three-year duty as an optometry officer in the US Navy was completed in August of that year. I was single and had post-discharge educational benefits available to me through the GI Bill. My federal government scope of practice had given me more experiences in the diagnosis and management of ocular diseases than I had ever anticipated as an optometry student. And in addition, I had worked in a large, multi-disciplinary medical facility where productivity standards, quality assurance measures, health care planning and administration, fiscal constraints, use of highly-trained clinical assistants (optical corpsmen), and an endless line of patients from one to ninety years old were present. I had also served as my facility's narcotics control officer, given in-service lectures about differential diagnoses of eye diseases to the medical corpsmen in triage, and served on several institutional committees that looked at "the big picture."

After exploring various graduate school options, I decided that a Master of Public Health (MPH) degree would be an interesting pursuit. There were about twenty accredited MPH programs in the country at that time, but very few were located on a campus that also had an optometry program. The University of Alabama in Birmingham (UAB) was one of them, so I contacted Boyd Eskridge, OD, MS, PhD – a former faculty member of mine at The Ohio State University – who was serving as the Chairman of the UAB Optometry Department at that time. I told him what I had done since my graduation and asked him if I might be able to serve as a part-time clinic instructor at UAB while simultaneously attending graduate school there. He invited me for a visit where I met with him and the Dean of the School of Optometry, Henry B. Peters, OD, MA to discuss my situation.

During our conversation, it was Dean Peters who said, "Since you are a Veteran, how about working part-time at the Birmingham VA and supervising our students who rotate through that facility?" That sounded like a perfect combined academic and clinical practice opportunity for me. I could attend graduate school AND practice optometry in a hospital setting AND teach students. I had never considered a career in optometric education but found that I loved teaching those bright optometry students while also providing primary vision care to our Veterans. That one-year part-

time VA job led me to a productive and highly satisfying 26-year career in the world's largest and most comprehensive health care organization.

Addressing the needs of Veterans who need optometric services

After receiving my MPH degree in 1975, I became interested in how optometry was being practiced in the other 172 VA hospitals, 206 outpatient clinics, 87 nursing homes, 18 domiciliary facilities, 8 cosmetic restoration centers, and 3 blind rehabilitation centers located throughout the country. What equipment did they have? How many optometric technicians were there? How were their relationships with ophthalmology? What unique services were being provided (contact lenses? low vision? prosthetic eyes? minor surgery?). How many had teaching programs like mine? How many patients per day did they see? How were glasses procured? What ophthalmic drugs were listed on the formulary?

To my surprise, I discovered there were only about 9 full-time (FT) ODs, 22 part-time (PT) ODs, and 33 attending/consulting fee-for-service ODs in the entire system that potentially served over 29 million Veterans!!

How could this be? I ran the numbers:

29,000,000 Veterans x the percentage of Veterans who used VA health care services at VA facilities at that time (38%) = 11,020,000.

$(9 \text{ FT} \times 1.0) + (22 \text{ PT} \times 0.5) + (33 \text{ attendings/consultants} \times 0.2) = 26.6$ full-time equivalent (FTE) ODs.

11,020,000 patients divided by 26.6 FTE ODs = 414,286/1 OD.

Or analyzed another way

If one OD performed an average of 2,500 exams per year, it would take $414,286/2,500 =$ more than 165 years to see all the patients just one time!

Public Laws 93-82 and 94-581

Fortunately, the American Optometric Association had been working on federal legislation to address this huge problem for several years. Public Law 93-82 (passed on August 2, 1973) established a full-time position within the VA DM&S for a Director of Optometry.⁶ That individual would be charged with the responsibility of developing high quality optometry services for our nation's Veterans. The person eventually chosen for that critical initial position was Kenneth J. Myers, PhD, OD.

On May 13, 1976, Dr. Myers wrote a letter to the Presidents of the American Optometric Association (AOA) and the Association of Schools and Colleges of Optometry (ASCO) requesting recommendations from their organizations for the proper role and administrative placement of optometrists in the VA. A Joint AOA-ASCO Project Team (JPT) was formed in July of 1976 to "establish a protocol proposal for optometric services in VA hospitals and clinics" which included how optometrists were to (a) contribute to patient care, (b) relate to the hospital environment and administration, and (c) establish interprofessional relations. The members of this JPT are shown in Table 1. Their final document was entitled, "A Report to the Department of Medicine and Surgery of the Veterans Administration for the Development of a Program of Optometric Service".⁷ Subsequent to the formation of this Joint

Project Team and publication of its Report, Public Law 94-581 was enacted on October 21, 1976, which created an Optometric Service within the VA Central Office organizational chart, and, with technical and conforming amendments, placed VA optometrists under Title 38 of the US Code rather than Title 5 (Civil Service) for salary, benefits, and promotional purposes.⁸ This Law greatly facilitated the hiring of many new ODs into the VA system, most of whom soon developed optometry student and residency programs.⁹

A Synergistic Relationship

There was another big force for change outside the VA that was occurring during this same time. It was optometry's push for diagnostic pharmaceutical agents (DPA) use and therapeutic pharmaceutical agent (TPA) prescriptive authority. Rhode Island had passed DPA legislation in 1971, and West Virginia passed TPA legislation in 1976. As more states sought to expand their legislated scope of practice acts, visionary optometric educational leaders like Drs. Henry Peters, Norman Haffner, Richard Hopping, Norman Wallis, and many others considered the VA an ideal health care system in which to educate optometrists for their future practices that would include the use of these topical pharmaceutical agents. It was clear to them that the VA needed more optometrists to care for its patients; and the optometric profession needed more clinical training facilities where students and residents could gain valuable experiences in ocular disease and interdisciplinary care. It would be a win-win proposition for both entities, one that ultimately would produce a synergy that neither stakeholder could accomplish by itself.

Today's Optometry in the VA

According to the current Director of VA Optometry Service, John C. Townsend, OD, at the end of Fiscal Year 2018 (September 30, 2018) there were about:

- 953 VA optometrists (773 full-time, 172 part-time, and 8 intermittent),
- 221 optometry residents in 88 different ACOE accredited VA residency programs,
- 1,412 optometry students who rotated through 159 different VA health care facility sites, and
- 1.44 million Veterans who were cared for by VA optometrists, accounting for 2.07 million patient visits.¹⁰

It is more than obvious to say that this is phenomenal growth over the past 45 years! Optometry has helped the VA provide significantly-more primary eye and vision care services to its patients; and the VA has helped the profession of optometry improve its educational experiences and expand its scopes of practice. According to the Merriam-Webster dictionary, this is the very definition of the word Synergism: "the interaction of discrete agencies, agents or conditions such that the total effort is greater than the sum of the individual effects".¹¹

I wonder what VA Optometry Service will do for our Nation's heroes in the next 45 years?

References

1. https://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf. Accessed July 29, 2019.
2. Newcomb RD. History of Optometry in the VA. *Hindsight: J Optom Hist* 2010;41:6-8.
3. Keller JT. Optometric training in a Veterans Administration Hospital. *Am J Optom Physiol Opt* 1974;51: 425-428.
4. Newcomb RD, Hill RM. Academic affiliations with the Department of Veterans Affairs: Characteristics of The Ohio State Model. *Optom Ed* 1993;18:49-52.
5. <https://www.aaopt.org/detail/knowledge-base-article/kansas-city-va-medical-center-optometry-residency-program-survey-graduates-1975>. Accessed July 29, 2019.
6. <https://www.govinfo.gov/content/pkg/STATUTE-87/pdf/STATUTE-87-Pg179.pdf#page=12>. Accessed July 30, 2019.
7. A Report to the Department of Medicine and Surgery of the Veterans Administration for the Development of a Program of Optometric Service. American Optometric Association, St. Louis, MO, 1977.
8. <https://www.govinfo.gov/content/pkg/STATUTE-90/pdf/STATUTE-90-Pg2842.pdf#page=24>. Accessed July, 30, 2019.
9. Myers KJ. Veterans Administration: We train health professionals. *J Optom Ed* 1975;1: 58-87.
10. Townsend J. personal communication, July 29, 2019.
11. <https://www.merriam-webster.com/dictionary/synergism>. Accessed July 30, 2019.

Table 1. AOA-ASCO Joint Project Team formed in July, 1976 to establish a protocol proposal for optometric services in VA hospitals and clinics.

Members:

Chairman Henry B. Peters, OD, MPH, Birmingham, AL
Gordon G. Heath, OD, PhD, Bloomington, IN
Frederick W. Hebbard, OD, PhD, Columbus, OH
Charles F. Mullen, OD, Philadelphia, PA
David W. Ferris, OD, Warwick, RI

Staff:

David S. Danielson (AOA), Washington, DC

Consultant:

Robert D. Newcomb, OD, MPH, Birmingham, AL