MARSHALL B. KETCHUM UNIVERSITY - SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY 2025 COMMENCEMENT ADDRESS: CONTRIBUTION OF THE VETERANS HEALTH ADMINISTRATION AND FEDERAL SERVICE OPTOMETRY TO OPTOMETRIC EDUCATION

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ABSTRACT

This 2025 Commencement Address briefly highlights the contributions of the Veterans Health Administration, Indian Health Service and Military (Federal Service Optometry) to the Marshall B. Ketchum University - Southern California College of Optometry's education and training programs as the profession transitioned from detecting eye disease conditions to diagnosing, treating and managing them in the 1970s and 1980s. From 2000 to 2021, the Veterans Administration expanded VA Optometric Student Externship, post-graduate Residency and Advanced Fellowship programs to better meet the optometry profession's education and training needs as State Practice Acts continually evolved. Veterans' access to primary eye care, diabetic tele-retinal screening as well as low vision and brain injury vision rehabilitation services were greatly enhanced.

KEYWORDS

Veterans Administration, Veterans Health Administration, Indian Health Service, Military, Federal Service Optometry, Optometric Education, Optometric Student Externs, Optometric Residents, Advanced Fellows, Low Vision Rehabilitation, Brain Injury Vision Rehabilitation, Diabetic Tele-retinal Screening, State Practice Acts, Public Health, Academic Affiliation Agreements, Marshall B. Ketchum University, Southern California College of Optometry

COMMENCEMENT ADDRESS

Congratulations to the Marshall B. Ketchum University - Southern California College of Optometry graduating class of 2025, and to the spouses, parents, faculty, administrators and significant others who have sacrificed so much to make this day possible.

Compared to my May 1979 graduating class at the University of Houston - College of Optometry, you will have unprecedented opportunities to practice contemporary optometry, obtain advanced competencies in post-graduate residency training, and determine how best you can serve your patients, community, state and nation as well as the optometric profession and your alma mater.

I was the only person in a class of about 75 optometrists who performed an optometric residency. At that time, there were only two Veterans Administration (VA) Medical Center sites in Kansas City, Missouri, and Lexington, Kentucky, offering post-graduate VA optometric residency training. The Kansas City VA Medical Center was the first one-year Council on Optometric Education (now ACOE) accredited residency program in the country, and I was fortunate to have been accepted to, actively participated in, and successfully completed my residency training there in June 1980.[1,2,3]

Because optometrists with residency training were very uncommon at that time, there was an unwritten expectation that after completing the Kansas City program you would return to a school or college of optometry to educate future optometry students in the diagnosis and treatment of ocular disease conditions. I honored that commitment and fulfilled my obligation to give back to the profession by serving as faculty for 19 years at the Southern California College of Optometry.

Building at Southern California College of Optometry at Marshall B. Ketchum University. Photo by: Multimedia Services @ MBKU

During the residency, I realized that there were only two states that permitted optometrists to practice diagnostic and therapeutic optometry as I was being taught. Those states were North Carolina and West Virginia.[2] In spring 1980, I went to West Virginia, took and passed their examinations, and was able to obtain a West Virginia optometry license. At that time, the National Board of Examiners in Optometry (NBEO) examinations were relatively new and were not recognized or fully accepted by most State Boards of Optometry. Each state required you to take written and clinical examinations to obtain licensure.

Unlike then, now about 25% of the optometrists graduating each year can perform an ACOE accredited post-graduate residency.[4,5] Over 47% of the 465 resident positions are available at VA medical facility sites.[6] The NBEO examinations are now recognized by every State Board of Optometry, and all State Practice Acts enable optometrists to practice varying levels of full scope diagnostic and therapeutic optometry.[2]

The Southern California College of Optometry (SCCO) has a long history of supporting federal service optometry.

In the 1970s and 1980s, as the optometric profession was transitioning from detecting eye disease conditions to diagnosing, treating and managing them, there needed to be optometry student education opportunities to meet this training need. This is where the partnership between the ACOE accredited schools and colleges of optometry and federal service optometry began with the Military, Indian Health Service and Veterans Administration medical facilities where staff optometrists could practice at the highest level.[1,2,7,8]

Dr. Richard L. Hopping, prior to becoming President of SCCO, had served as a contract VA optometrist at the Dayton, Ohio, VA Medical Center while in private practice and understood the great contribution that VA education and training could make to the optometric profession.[3]

The Southern California College of Optometry's initial VA Optometrist and Student Externship Program were supported by a VA 7-year manpower grant in 1976 at the Los Angeles VA Outpatient Clinic (now an Ambulatory Care Center) under Dr. Hopping's leadership.[2,3] As more VA opportunities became available, the Brentwood, Las Vegas, and Tucson VA Medical Centers affiliated with SCCO and developed Optometric Student Externship Programs in the 1980s.

The first SCCO affiliated VA Optometric Residency Program began at the Los Angeles VA Outpatient Clinic in 1979. Subsequently, the next ones started at the Brentwood VA Medical Center in 1983, Sepulveda VA Medical Center in 1992, and Tucson VA Medical Center in 1995.[9]

The VA staff optometrists had SCCO faculty appointments and met the same criteria as the on-campus faculty for academic promotions.

During this same period, the Indian Health Service was also starting and expanding its optometric education programs with student externships and post-graduate residency training.[10] The Northern Navajo Medical Center in Shiprock, Arizona, started its initial SCCO affiliated residency program in 1993, then Hu Hu Kam Memorial Hospital in Sacaton, Arizona, in 1996 and Gallup Indian Medical Center in Gallup, New Mexico, in 1997.[9]

Academic Affiliation Agreements were created with numerous military medical facilities with optometry clinics to train student externs in California, other states and overseas so that upon graduation, SCCO educated optometrists could practice diagnostic and therapeutic optometry in accordance with expanding State Practice Acts.

In 1985, I rejoined the Veterans Administration at the Brentwood VA Medical Center (now West Los Angeles) to assist with the training of its VA optometry resident and student externs. As these programs expanded, it was professionally fulfilling to educate the next generation of optometrists.

Eventually, I became involved in more administrative responsibilities at the West Los Angeles VA Medical Center and served on the Field Advisory Committee for Dr. Charles Mullen, the Director, Optometric Service at VA Central Office. There were several acting directors after Dr. Mullen left to become president of the Illinois College of Optometry in 1996, and one director who had a short tenure in VA before returning to academia in 1999.

In 2000, I was encouraged by colleagues and mentors to apply for the Director, Optometric Service position at the VA Central Office in the Washington, D.C., area.

Having great faith, I knew that there must be something else planned for me besides spending my life training VA optometry student externs and residents. When one door closes, another one opens.

It has been possible to do much more in this administrative position than I could have ever imagined. In August 2000, when I started serving as Director, VA Optometric Service, the program consisted of about 286 VA optometrists, 590 optometry student externs, and 81 post-graduate optometry residents who provided primary eye care and vision rehabilitation services to over 452,000 veterans annually. Before I retired in June 2021, there were over 1,000 VA optometrists, 1,400 optometry student externs, 220 optometry residents, and three advanced fellows who cared for more than 1.48 million veterans every year.

In partnership with the Veterans Health Administration, the ACOE accredited schools and colleges of optometry on average send about 75% of their students to the VA every year for education and training at 162 VA Optometric Externship

Program sites.[4,6] While performing service to their country caring for our nation's veterans, the optometry students' lives are forever changed as they care for and learn about the sacrifices our veterans have made to ensure the freedoms we enjoy today.

There are now about 87 VA optometric residency programs. In addition, there are three post-residency VA Advanced Fellowships available. VA Tampa has a one-year Interprofessional Polytrauma & Traumatic Brain Injury Rehabilitation Clinical Fellowship Program for Optometrists. VA Boston has a two-year Optometric Research Fellowship Program, and VA Long Beach has a two-year Optometric Clinical Research Polytrauma, Brain Injury and Low Vision Rehabilitation Fellowship Program for Optometrists.[6]

In partnership with the Southern California College of Optometry and VA facility leadership, we were able to expand optometry resident positions at West Los Angeles, Sepulveda and Tucson as well as begin new VA Optometric Residency Programs at Salt Lake City in 2002, Las Vegas in 2004, San Diego in 2006, and Long Beach in 2012.[9]

During my tenure as Director of Optometric Service, we were able to create a robust telehealth Tele-retinal Imaging Screening Program to improve care for diabetic veterans, implement a comprehensive network of basic, intermediate and advanced low vision and outpatient blind rehabilitation programs, as well as expand the polytrauma system of care to provide outpatient and inpatient brain injury vision rehabilitation services to Veterans.[11,12]

Within the VA Blind Rehabilitation Service and Polytrauma System of Care, the Veterans Health Administration provides world-class interdisciplinary vision rehabilitation services to nearly 30,000 veterans each year.

Many of these primary eye care and vision rehabilitation services could not have been provided without your active involvement while serving as a VA trainee, and the dedication of the VA optometrists as well as SCCO and VA facility leadership that enabled you to obtain part of your education and clinical training caring for our nation's veterans.

You may not realize how blessed you are to be optometrists where every day you make a difference by positively impacting the quality of life, health care needs and visual welfare of your patients. Treating an infant with amblyopia, reducing myopia progression in a child, preserving vision in a glaucoma patient and improving binocular vision function for an individual with brain injury are just some of the conditions you will diagnose, treat and manage.

As an optometrist, you are educated and trained to be an exceptional primary eye and vision care provider while serving as an entry point into our nation's health care system. Your examination may reveal diabetic retinopathy or sudden myopic refractive error shift in patients who do not yet know that they have diabetes mellitus and need referral to and treatment by a primary care provider, internist or endocrinologist.

A patient may have an injury or eye disease condition, such as keratoconus, that requires the fitting of complex therapeutic contact lenses and/or corneal cross-linking to enhance and maintain visual function. Or perhaps you see a patient with age-related macular degeneration who has been told that nothing else can be done medically or surgically. There is low vision rehabilitation care that you can provide or refer to low-vision optometric specialists working with other disciplines to assist your patient with reading, mobility and activities of daily living to assist with maintaining independence.

There is an important report that details the unmet need for patient access to preventive and comprehensive eye care services, which was released in 2016 by the National Academies of Sciences, Engineering, and Medicine entitled, "Making Eye Health a Population Health Imperative: Vision for Tomorrow". In many communities, optometrists serve as the only eye care provider, especially at rural locations. As an optometrist, you are vitally needed to meet the current and future public health eye and vision care needs of our citizens and the nation.[13]

You will have incredible opportunities while providing essential eye health and vision care services as our optometry profession continues to expand its responsibilities to meet our nation's health care needs.

As ophthalmic technologies, laboratory tests, imaging modalities, research breakthroughs and pharmaceutical therapies continue to advance, we will be able to diagnose diseases earlier, provide new treatments, and manage a myriad of conditions that may not have been possible earlier this century.

John F. Kennedy eloquently stated in his Presidential Inaugural Address on January 20, 1961, "And so, my fellow Americans: ask not what your country can do for you; ask what you can do for your country".[14]

No matter where you practice or how your life evolves and optometric career changes, ask yourself, "Will I be ready to answer the call when asked to serve?".

My parting advice is for you to determine how best you can serve others with the unique gifts and talents each of you possess.

Be involved in the future you would like to see for your patients, your profession, your community, state, nation and the world as well as your alma mater, the Marshall B. Ketchum University - Southern California College of Optometry.

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