

Optimum VA



The Official Newsletter of the
National Association of Veterans Affairs Optometrists
Summer 2010

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Issue Highlights

[President's Column](#)

[Updates from the Executive Board](#)

[NAVAO Response to Eye Implementation Memo](#)

[Honoring Major Charles Robert Soltes Jr., O.D.](#)

[Neuro-Optometric Rehabilitation Association
Program Summary](#)

[Guest Column – Greetings from the President of
the Armed Forces Optometric Society](#)

[Meet the Finance Committee](#)

[NAVAO Committees](#)

[Keeping in Touch](#)

Optimum VA Newsletter is a quarterly publication distributed in January, April, July and October.

Deadline for submissions are 12/31, 3/31, 6/30, and 9/30 respectively.

Please e-mail any submissions to our newsletter editor, Dawn N. Tomasini at dawn.tomasini@va.gov

President's Column

Brian Kawasaki, O.D., M.B.A.

Brian S. Kawasaki, O.D., M.B.A.

PRESIDENT



Dear NAVAO Members,

I hope that your summer is going well! Much has occurred since our last newsletter, especially with recent developments concerning the VA's Eye Implementation Memo. NAVAO listened to concerns raised by our members and a response letter was sent to Secretary Shinseki on May 25, 2010. A copy of that letter is published in this issue of *Optimum VA* for your reference.

Please also be sure to read our article about the VA Blind Rehabilitation Center in Long Beach, CA, which is going to be named after Major Charles Robert Soltes, Jr. I had the privilege of working with Dr. Soltes when I joined the Army Reserve and will always remember him as a dedicated officer who inspired me and all the Soldiers in his unit.

There have been some changes to our website in the past few months, such as the addition of a "New Member Info" page. I'd also like to remind you to visit our website from time to time for news updates. We are making posts to the News Page of the members area regularly.

I would also like to thank our NAVAO Board and Committee Members who have been busy working on projects such as website improvements, revising the FAQ sheets, conducting the membership certificate drive, monitoring our finances, preparing for this year's dinner meeting, and putting together our quarterly newsletter. There are many tasks that need to be done throughout the year to keep our association moving forward and we could not accomplish this without the help of our all-volunteer group.

Thanks as always for your continued support of our organization. Enjoy the rest of your summer!

Best regards,

Brian

Updates from the Executive Board

David G. Storer, O.D.

VICE-PRESIDENT



One of the most significant issues that our President, Dr. Brian Kawasaki, and the Executive Committee, have addressed in the past several months was the VA Implementation Memo for IL 10-2010-07, which directed the oversight, by VA ophthalmologists, of care provided to veterans by VA optometrists. Dr. Kawasaki took the lead with the Executive Committee, in responding directly to VA leadership regarding NAVAIO membership's deep concerns related to this issue, and to also coordinate our response with our sister professional organization, AFOS. If you have not had the opportunity to yet read the NAVAIO formal response to the VA Implementation Memo, you may want to review it. It has been posted to the NAVAIO members area of this website. The Information letter from the Under Secretary for Health and the implementation memo are also posted there. You will find the AFOS response posted on the AFOS website. This issue will continue to be

followed closely by the Executive Committee over the coming months, to ensure that VA optometry concerns related to the continued professional viability of VA optometry, as well as those scope of practice issues related to this new VA policy, will be effectively presented by NAVAIO to VA leadership.

Summer is bearing down on the NAVAIO Executive Committee at nearly the same pace that we are approaching our annual business meeting and NAVAIO dinner. Most of the past several months have found not only myself, but the other members of the Executive Committee gearing up for this key annual event, held at the Academy Conference. Dr. Kawasaki is in the process of finalizing the Invited Guests list and making a decision on who he will recommend as the Guest Speaker for this year's Dinner. There have been many discussions regarding how we can improve upon the past special events that have been associated with previous NAVAIO Dinners. We hope that our efforts this year will result in one of the best Dinners for everyone who takes the time to attend. Look for more information in the near future on this year's event.

Janel L. Chou, O.D.

SECRETARY



Hello NAVAIO members, I hope you are staying cool this summer!! There have been many "hot" topics this quarter involving the release of the Informational Letter from the Undersecretary of Health, an addition of multivitamins for dry ARMD, lots of new directives to be aware of, and optometry quality improvement issues. Many of our members are so busy due to the shift to "open access" clinics they are unable to make the conference call so don't forget to keep up to date with all these changes. We will continue to post the minutes to the monthly optometry service call. This will be located in the members section of our website as soon as you log in. We also post the agenda

as soon as we receive it and before the service call, in that same section, for your access. If you have any questions or feedback about the current minutes, please contact me at janel.chou@va.gov.

Makesha Sink, O.D.

TREASURER



NAVAO is continuing to grow in membership as the months go on. We are currently looking at our expenses and determining if there are any ways that we can increase our fiscal responsibility and still maintain our excellent service to the VA optometry field. We are highlighting our finance committee in this issue, so be sure to check out the bios for the finance committee members. If you have any financial, investment, or any other suggestions for improvement, please feel free to contact me or any committee member that you see below. Hope you all have a great (cool) summer!

Gay K. Tokumaru, O.D.

IMMEDIATE PAST PRESIDENT



NO UPDATES AT THIS TIME

Katherine L. Wang, O.D.

MEMBERSHIP DIRECTOR



NO UPDATES AT THIS TIME

Minna Huang, O.D.

MEMBER-AT-LARGE (Director of Events)

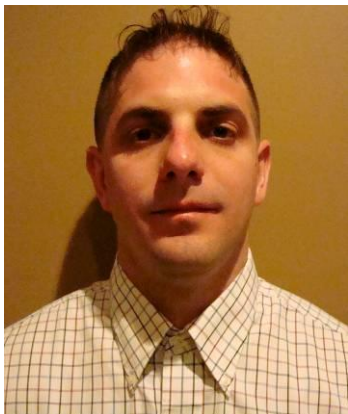


Save the Date!

Please mark your calendars for our annual dinner meeting which will be held the evening of Thursday, November 18, 2010 at the InterContinental Hotel in San Francisco in conjunction with the American Academy of Optometry meeting. Please stay tuned for more details as the date gets closer. Thank you and we look forward to seeing you then!

Brett Zwolensky, O.D.

MEMBER-AT-LARGE (Director of Technology)



The NAVAIO board is in the process of updating all the “FAQ sheets” on our website. The “ACA” section will be updated to “Systems Redesign”. In our effort to provide the most useful information possible for our members, we would like to hear from you. If you have any suggestions on topics that you would like to be covered regarding “Systems Redesign”, please send an email to info@navao.org with a brief description of what you would find useful. Additionally, if there are any topics pertaining to any of the other sections on the “FAQ Sheets” page that you would like to see covered, please send us those requests via email. We look forward to hearing from you.

NAVAO Response to VA Eye Implementation Plan Memo

In March 2010, the Under Secretary for Health published an information letter entitled Visual Impairment Prevention in Veteran Patients. While describing the importance of coordination and collaboration of Primary Care and Eye Care professionals, its purpose was to provide guidance in coordination of care for the prevention of visual impairment from macular degeneration, diabetic retinopathy and glaucoma. It recommends care coordination agreements to ensure that veterans receive prompt and appropriate care.

In May 2010, the Deputy Under Secretary for Operation and Management issued a call to each VISN for an action plan. While the implementation plan is to ensure coordination of care, appropriate referrals and peer review, it also intends to establish a monitor for periodic clinical pertinence review done jointly by ophthalmology and optometry of patients diagnosed with macular degeneration, glaucoma and diabetic retinopathy, **where the predominant care is provided by the optometrist.**

A copy of the NAVAOs response to the Implementation Plan in a letter to Secretary Shinseki on May 25, 2010 is provided below. While the NAVAO agrees to a team approach to eye care, it views the "Implementation Plan" as an unfair and unwarranted attack on optometrists throughout the VA healthcare system. Its underlying connotation is contrary to Dr. Robert Petzel's affirmation that "Department of Veterans Affairs Optometrist and Ophthalmologists work as equal partners to provide a continuum of high quality eye care services." The NAVAO requests that the "flawed Implementation Plan" be withdrawn and that efforts to improve and expand eye care for veterans remain fully consistent with the Under Secretary for Health's Information Letter dated March 25, 2010.

Meanwhile the action plans were due by June 30, 2010.



National Association of VA Optometrists

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May 25, 2010

The Honorable Eric K. Shinseki
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs

810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki,

The National Association of Veterans Affairs Optometrists (NAVAO) has always actively supported the delivery of the highest quality eye care for America's veterans in VA facilities across the country, and this has been the primary mission of our organization since its inception in 1977. In the *Under Secretary for Health's Information Letter on Visual Impairment Prevention for Veteran Patients* dated March 25, 2010, Dr. Robert Petzel affirmed the concept that "Department of Veterans Affairs (VA) Optometrists and Ophthalmologists work as equal partners to provide a continuum of high quality eye care services." The NAVAO agrees and strongly supports this team approach of providing the full spectrum of primary, secondary, and tertiary eye care services. We feel that our nation's veterans have truly benefited from a cooperative and collaborative approach that utilizes the complementary strengths of both eye care professions.

It is for this reason that we are troubled by the release of an "Implementation Plan" dated May 12, 2010, which references the Under Secretary for Health's Information Letter. We feel that this Implementation Plan is critically flawed, and we have serious concerns as to its intent and purpose. Unlike the Under Secretary's Information Letter, it is unclear to us how this "Implementation Plan" was developed or why significant concerns that were raised on behalf of hundreds of VA optometrists and their veteran patients were ignored. This document seems to call into question the care delivered by VA optometrists and we view the plan as an unfair and unwarranted attack on optometrists throughout the VA healthcare system. Its tenets are also inconsistent with established VHA policy regarding licensure of independent providers as well as existing VHA credentialing and clinical privileging policies. This inconsistency could potentially result in widespread confusion regarding VHA care by optometrists and could threaten the ability of VHA optometrists to provide quality and timely eye care for our veterans. This Implementation Plan clearly runs counter to the spirit and intent of the Under Secretary for Health's Information Letter, particularly with regards to providing collaborative quality care for patients with age-related macular degeneration, diabetic retinopathy, and glaucoma, at a time when eye diseases are reaching epidemic proportions. We are also concerned that the Implementation Plan may run counter to state practice laws.

Optometrists provide the majority of eye care within the VA, caring for approximately two out of every three veterans. It would be a disservice to veterans if a confusing message disseminated by VHA was to play a part in creating delays, disruptions, or denial of access to essential eye care services our veterans need and deserve. Accordingly, we request that the flawed Implementation Plan released on May 12, 2010 be withdrawn immediately, and that efforts to improve and expand eye care for veterans remain fully consistent with the Under Secretary for Health's Information Letter dated March 25, 2010.

Thank you for your attention to this matter and we look forward to your response.

Sincerely,

Brian S. Kawasaki, O.D., M.B.A., FAAO
President, NAVAO

Cc:

Robert A. Petzel, M.D., Under Secretary for Health (10)

Rajiv Jain, M.D., Acting Chief Consultant, Specialty Care Services (111)

John C. Townsend, O.D., Director, Optometry Service (111E1)

NOTE: Copies of the March 25, 2010 *Under Secretary for Health's Information Letter on Visual Impairment Prevention for Veteran Patients* and the May 12, 2010 *Memo from the Deputy Under Secretary for Operations and Management* calling for an Implementation Plan can be viewed in their entirety at the NAVAIO website under news and announcements.

NOTE: The Armed Forces Optometric Society (AFOS) has also responded to the recent VA Eye Implementation Memo. For those of you who are AFOS members, please login to the AFOS website (www.afos2020.org) to view the AFOS letter. Once logged in, click on "Update Profile" or "Pay Membership Dues" in the upper right corner and the link for the letter will be in the column on the right side. Contact AFOS directly at execdir@afos2020.org if you have comments or questions or experience any difficulties logging into their website.

Department of Veterans Affairs honors Major Charles Robert Soltes, Jr., O.D.

by Dawn N. Tomasini, O.D., FAAO



A Blind Rehabilitation Center to be built at the U.S. Department of Veterans Affairs Long Beach Medical Center will be named after Major Charles Robert Soltes, Jr., the first-ever Army optometrist killed in action. The bill was strongly backed by the American Optometric Association and the Blinded Veterans Association. Major Soltes was serving as a public health officer with the 426th Civil Affairs Battalion, U.S. Army Reserves, in Mosul, Iraq when on October 14, 2004, an improvised explosive device (IED) rammed his Humvee and resulted in his death.

Major Soltes was the first optometry graduate of the prestigious Brooke Army Medical Center's Residency Program, obtaining advanced training in the diagnosis and treatment of ocular disease and acute

trauma. He later became the director of the Optometry Residency Program at Keller Army Community Hospital at West Point. Once leaving active duty in 1999, he joined the U.S. Army Reserve 7214th medical Support Unit and was deployed to Iraq in 2004. He was deployed to command a public health team whose efforts were to set up hospitals to help provide the Iraqi people with health services.

I had the distinct honor of working with Dr. Soltes during my externship at Keller Army Hospital in West Point and he truly was a remarkable individual that influenced my optometric career in ways that he will never know. A website set up in his name, www.robsoltes.com, truly describes Rob as a soldier, an optometrist, an educator and a father:



“Growing up in a military family, Rob possessed tremendous love for our country. He exemplified and demonstrated the utmost level of decorum and bearing expected of an officer in the United States Army. The numerous generals and dignitaries that will be present at his funeral speaks volumes for Rob's character, his patriotism, and his dedication to our country.

Professionally, Rob was an excellent optometrist and an astute clinician. His patients consistently received compassionate care, both in the Army as well as the civilian population. Most of all, Rob commanded high respect within both the optometric and the ophthalmologic circles. As a fellow medical clinician, there can be no greater comparison than having your peers' respect and approval.

As a friend, you simply cannot find a nicer or more caring and compassionate soul. Rob would bend over backwards to help those in need of his time. He made friends and exerted a positive influence everywhere he traveled. Having his friendship meant a great deal to all of us.

Rob's tremendous love and dedication to his family can be easily appreciated by simply spending some time with them. No matter how demanding his Army duty or his other professional demands and community activities requested of him, Rob always found time for his young family. His free time and his true love was always Sally, Ryan, and Brandan.”

Major Soltes is survived by his wife, Sally Dang, O.D., and sons Ryan, Brandon and Robert Harrison. U.S. Senator Daniel Akaka (D-Hawaii), chairman of the Senate Veterans' Affairs Committee was in full support of the bill. “He was a dedicated Army officer, and an outstanding clinician, educator, and military optometrist....and naming the Long Beach VA Blind Rehabilitation Center in honor of him will be a fitting tribute to his lasting memory.”

Neuro- Optometric Rehabilitation Association Program Summary

By Joseph Pruitt, O.D.

The Neuro Optometric Rehabilitation Association's Clinical Skills Program took place in conjunction with the 6th International Congress of Behavioral Optometry and the Western University College of Optometry in Ontario, California this past April. The Clinical Skills program consists of three courses.

Below is a summary of the Clinical Skills Level 1:

Facts about TBI and CVA:

- 750,000 Americans have a new or recurrent CVA each year
- 1.5 million Americans sustain a TBI each year
- Mild TBI is frequently undiagnosed; thus number are much greater

Types of Acquired Brain Injury Overview:

- Traumatic
- Non-Traumatic
- Spinal Cord Injury
- Neurological and Vascular Disease
- Developmental Conditions
- Combinations

Sequelae of Acquired Brain Injury

- Cognitive Impairment
- Sensory Impairment
- Musculoskeletal Changes
- Personality/Behavioral Changes
- Sleep Disturbance
- Fatigue

The Ideal Brain Injury/Stroke Rehabilitation Team

- Physiatrist
- Care Coordinator (could be any member of the team)
- General Physician/Osteopathic Physician
- Nursing Staff
- Physical Therapist
- Occupational Therapist
- Speech Language Therapist
- Social Worker
- Recreational Therapist
- Respiratory Therapist
- Neuropsychologist
- Psychologist
- Cognitive Rehabilitation Specialist
- Dietician
- Neurologist

- ENT Physician/Neuro-Otologist/Audiologist
- Optometrist
- Ophthalmologist/Neuro-Ophthalmologist
- Chiropractor
- Orthopedic Surgeon
- Educators
- Caregivers and/or family members

Common Visual Deficits Following TBI and CVA:

- Post Trauma Vision Syndrome (PTVS)
 - A dysfunction of spatial vision involving orientation, balance, and convergent binocular function, hypothesized to result from damage to the midbrain ambient visual subsystem
 - Symptoms of PTVS include:
 - Convergence Insufficiency
 - Accommodative Dysfunction
 - Photophobia
 - Decreased Blink Rate
 - Oculomotor Dysfunction
 - Unstable Ambient Vision
 - Diplopia
 - Poor Concentration
 - Staring Behavior
 - PTVS Treatments include:
 - Binasal patches
 - Base-In prism
 - Convergence Insufficiency vision therapy
 - Central and Peripheral visual attention integration
- Visual Midline Shift
 - Mismatch between the perceived egocentric visual midline and the actual physical midline
 - Signs and symptoms of PTVS include:
 - Floor appearing to be tilted
 - Walls and/or floor appears to shift or move
 - Veering during mobility
 - Leaning away from the affected side
 - Feelings of imbalance or disorientation similar to cervical vertigo
 - Treatments of Visual Midline Shift Syndrome include:
 - Compensatory yoked prism (1-6 prism diopters)
 - Vision Therapy
 - Central and Peripheral visual attention therapy
 - Spatial localization and orientation activities
- Visual Field Deficits
 - MUST differentiate from Visuospatial Inattention
- Spatial Inattention: (a.k.a. visual neglect)
 - Unawareness of an entire area of space-usually a hemifield
 - Signs and Symptoms of Unilateral Spatial Inattention:
 - Veering or imbalance during mobility, standing, or sitting
 - Head turned away from affected side
 - Missing food on the plate
 - Difficulty finding things
 - Spatial Disorientation

- Personal, Peripersonal and Extrapersonal Space
- How to tell the difference between Unilateral Spatial Inattention and Visual Field Loss:
 - Double simultaneous stimuli during confrontation fields
 - Unilateral Spatial Inattention is a competitive process
 - Dual Extinction
 - Line Bisection
 - Cancellation Tasks
 - ex. Star Cancellation
 - Copying Tasks
 - Observation
- Treatment of Unilateral Spatial Inattention:
 - All of the therapies one would apply in visual field loss EXCEPT peripheral prism

In conclusion, the rehabilitation of TBI and/or CVA patient should be an inter-disciplinary effort. However, the optometrist's place in the rehabilitation team is not only evident, but also crucial. Therefore, the optometrist should strive to be an active and contributing member to the rehabilitation team in order to provide the patient with the most complete and highest quality of rehabilitative care.

Greetings from the President of the Armed Forces Optometric Society

By LTC DONOVAN G. GREEN, O.D., M.B.A., FAAO

Greetings from Germany, the Land of Beers and Schnitzel! As your AFOS 41st, President, I would like to take this time to introduce myself. First of all, it is an honor to serve in this role. I have been involved in AFOS over 10 years and have worked with some dynamic volunteers. It is these volunteers and their passion to serve their profession that makes us a successful society. Here are my top two priorities as I addressed them during my inaugural speech: (1) first, let me address the issue of AFOS membership and why it is so vitally important. Whatever our issues are, or whatever it is that we attempt to achieve, we must first have a voice. That voice comes by having a robust AFOS membership. We live in a democratic society where the more voices we have, the more voting power we acquire; (2) It is of the utmost importance that we maintain and build our relationship within the AOA. The stronger we are as an organized optometry society, the more support we will have when it comes to Federal and State legislative issues.

We are currently the 13th largest affiliate in the AOA and project being the 12th by summer's end. I had the opportunity to attend the recent AOA meeting in Orlando with several of our AFOS members. I can say that the excitement and energy that was given off at the Presidential Meeting and House of Delegates kept me truly

energized and filled with enthusiasm. We met with the AOA board of Trustees where we expressed our concerns about not having more AFOS representation at the Annual meeting due to the lodging expenses, relocation of the “Section Chiefs” meeting from Washington, DC to the AOA Annual meeting, partnership with our AFOS CE committees so they can provide input into the AOA CE committee for speakers at their annual meeting and allowing AFOS to nominate our representative to the Federal Relation Committee. Our recommendations were fully endorsed by the House of Delegates. AOA is our political voice and we must have a sounding board within this organization.

Finally, we have launched our new website and I encourage each of you to take the time to visit www.afos2020.org

Meet the Finance Committee

Glenn B. Saxon, O.D.

North Little Rock VAMC



I was born in Greenwood, South Carolina and moved to Memphis at the age of one when my father joined the staff at the Southern College of Optometry (SCO). I received my bachelors degree in biology from the University of Tennessee and went on to graduate from SCO in 1999. After being in private practice outside of Atlanta for two years I realized private practice was not for me. I returned to SCO and completed the Family Practice residency and then joined the staff of the Albuquerque VA in 2002. In 2006 I transferred to the Central Arkansas Veterans Healthcare System in Little Rock where I work today.

I met my wife, Mollie, while we were classmates at SCO. We have been married for twelve years and have two retired racing greyhounds. I love to travel, watch the Vols play, and brew beer.

Weon Jun, O.D.

Portland VAMC



I was born in Jinju, South Korea and grew up in Fairbanks, Alaska, the Last Frontier. I migrated to the lower 48 states in 1988 to attend an undergraduate school at Pacific University, where I received a B.S. in Vision Science in 1992. I completed my optometric education at Pacific University College of Optometry in 1995. Following graduation, I completed a residency at the Portland VA Medical Center in 1996. Thereafter, I joined as a full-time faculty at Pacific University College of Optometry and served as the Director of Southeast Eye Center from 1996 to 2000. I have been working as a staff optometrist at the Eye Clinic, Portland VA Medical Center since 2000. I have the pleasure of serving as the Director of Low Vision Rehabilitation Services and Residency Program Coordinator.

I currently reside in West Linn, Oregon and enjoy spending time with my wife, Lilian and our 27 months old twins, Ryker and Kyla.

Michael McGovern, O.D.

Northport VAMC



Dr. McGovern graduated from SUNY, State College of Optometry, in 1997 and then completed a residency in hospital-based optometry at the Northport VAMC. He subsequently came back as an attending at Northport and currently serves as Residency Program Supervisor. He thoroughly enjoys working with the residents and externs, as well as lecturing annually at American Academy of Optometry meetings.

Dr. McGovern has been married to his wife, Susanne, for 11 years and they are the proud parents of Julia, Ava and William. In addition to his work at Northport VA, Dr. McGovern is also a partner in a large group practice on Long Island. He looks forward to working with Makesha and the entire Finance Committee of the NAVAO.

NAVAO Committees

The **Executive Committee** is responsible for the management of the business of the NAVAO and advises the President on all policy matters of the Association. The Executive Committee consists of the President, Vice-President, Secretary, Treasurer, and Immediate Past President.

Executive Committee Members:

- Brian S. Kawasaki, O.D., M.B.A. (President and Chair)
- David G. Storer, O.D. (Vice-President)
- Janel L. Chou, O.D. (Secretary)
- Makesha Sink, O.D. (Treasurer)
- Gay K. Tokumaru, O.D. (Immediate Past President)

The **Finance Committee** monitors funds and assists the Treasurer in the collection and disbursements of funds. The committee also projects future financial demands and sources for the Association.

Finance Committee Members:

- Makesha Sink, O.D. (Treasurer and Chair)
- Weon Jun, O.D.
- Michael McGovern, O.D.
- Glenn Saxon, O.D.

The **Membership Committee** recommends means for membership retention and growth and monitors pertinent data about the membership.

Membership Committee Members:

- Katherine L. Wang, O.D. (Membership Director and Chair)
- Janel L. Chou, O.D. (Executive Committee Liaison)
- Rachel Caywood, O.D.
- Rebecca Czerwinski, O.D.
- Joy Kerns, O.D.
- Susie Lim, O.D.
- David Lynne, O.D.
- Heidi Mayer, O.D.

The **Events Committee** is responsible for planning and overseeing all NAVAO functions, including the annual NAVAO Business Meeting, Reception, and Dinner.

Events Committee Members:

- Minna Huang, O.D. (Director of Events and Chair)
- David G. Storer, O.D. (Executive Committee Liaison)
- Katherine L. Wang, O.D.
- Nancy Wong, O.D., Ph.D.

The **Newsletter Committee** is responsible for maintaining a formal communications link with the membership and assists the Newsletter Editor with publishing the quarterly NAVAIO Newsletter.

Newsletter Committee:

- Dawn N. Tomasini, O.D. (Newsletter Editor and Chair)
- Brian S. Kawasaki, O.D., M.B.A. (Executive Committee Liaison)
- Michael Dobos, O.D., M.S.
- Joseph Pruitt, O.D.
- Erica Walker, O.D.

The **Technology Committee** is responsible for communicating with the membership via online technology. The Committee will maintain the NAVAIO website, make suggestions for its improvement or enhancement, and conduct events requiring technological support as directed by the Executive Committee.

- Brett Zwolensky, O.D. (Director of Technology and Chair)
- Brian S. Kawasaki, O.D., M.B.A. (Executive Committee Liaison)
- Kevin Mercado, O.D.
- Jason Powell, O.D.
- Kelly Thompson, O.D.
- Danielle Weiler, O.D.

Keeping in Touch

Optometry in the VA Eastern Colorado Healthcare System is expanding to include Community Based Outreach Clinics in Denver, Colorado Springs, and Pueblo . We are currently able to serve veterans in primary care and low vision, and have had an overwhelmingly positive response from both the veterans and administration. We anticipate future growth of optometry in Colorado, secondary to the increasing demand of the veteran population. Since all three providers are new to Colorado and the VA, we would like to introduce our eye care team.



Shannon Kessler, O.D. is the staff optometrist in the Visual Impairment Services Outpatient Rehabilitation (VISOR) program at the VA Eastern Colorado Healthcare System. She is a 2007 graduate of Pacific University College of Optometry and completed her residency in primary care optometry at the Portland VA Medical Center the following year. As a VA optometrist, she enjoys working with dedicated professionals who shared an interest in veterans' health and she finds professional fulfillment in improving veterans' quality of life through low vision rehabilitation.



Melissa Walters OD, FAAO, graduated from Ohio State College of Optometry in 1999. She completed a primary care residency with the Indian Health Service in Kayenta, Arizona in 2000, and a Post Graduate Year Two Residency in Ocular Disease at Boston Medical Center in 2001. Following her residencies, she completed a two year commission with the Public Health Service in Tohatchi, New Mexico. She currently practices primary care optometry at the Colorado Springs Veterans Affairs.



Terri Steddum O.D, graduated in 2007 from Southern College of Optometry in Memphis, Tennessee. She practiced in the optometry private sector in Oklahoma City, Oklahoma prior to moving to Colorado the beginning of 2009, where she also practiced in the optometry private sector before joining the VA Eastern Colorado Healthcare System in August of 2009. She is currently the staff optometrist at the Pueblo, Colorado VA clinic. She is very eager to help meet the eye care needs of the increasing veteran population of Southern Colorado and finds great satisfaction working with other health care professionals in the VA system.

