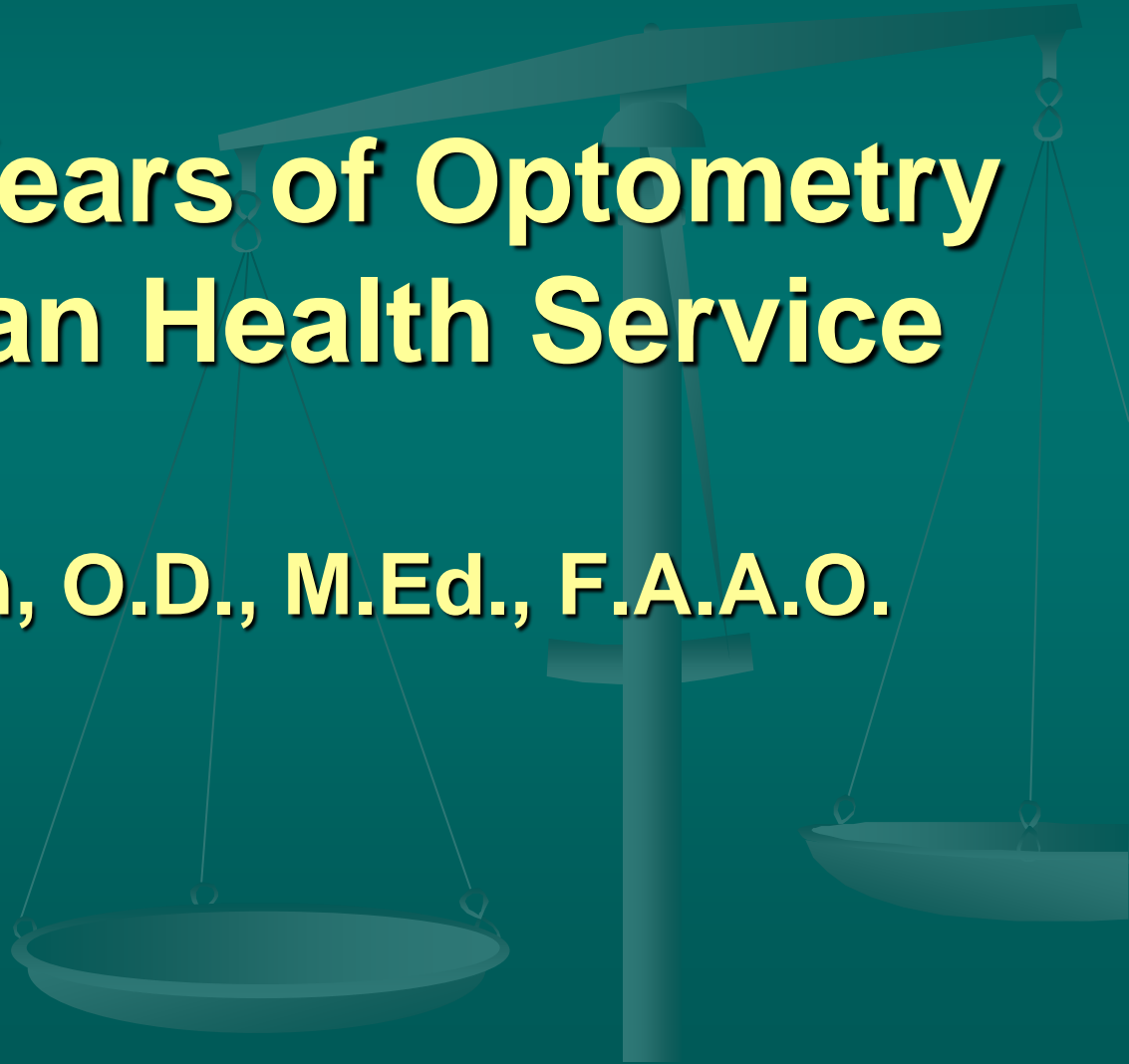


# **The Early Years of Optometry in the Indian Health Service**

**Lester Caplan, O.D., M.Ed., F.A.A.O.**





# IHS OPTOMETRY

1966 -1985  
& Beyond

# Pre-Optometry IHS Eye Care

**Fact or Fiction?**



# The Pre-Optometry Years Fiction





# Pre-Optometry IHS Eye Care Fact

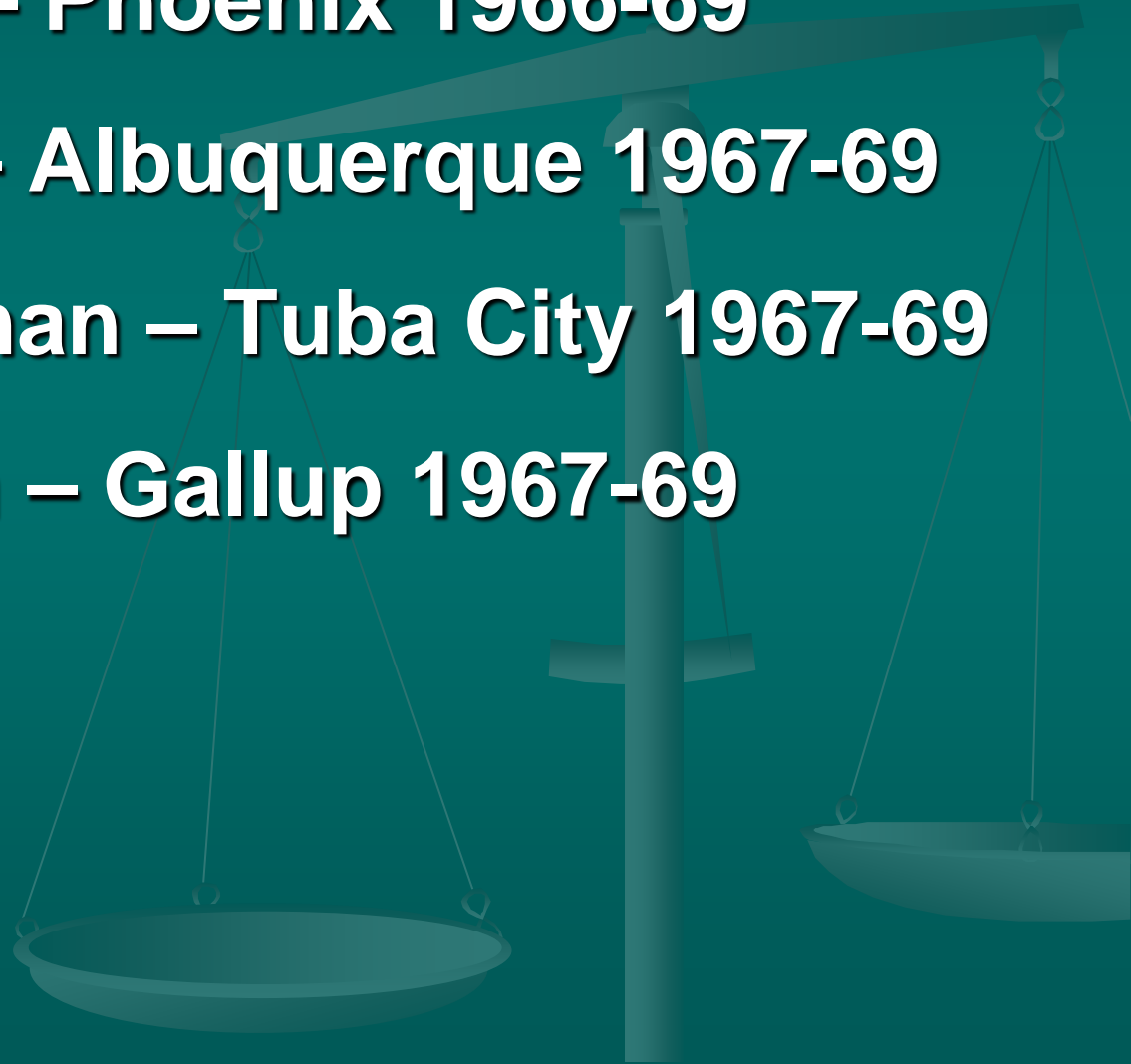
- 8 Commissioned Corps Ophthalmologists (Phoenix, Gallup, Alaska)
- 2 Ophthalmology Consultants + Proctor Foundation support
- Several contract Ophthalmologists piloted private planes to reservations to perform “mass” examinations (Montana, S.D.)
- Refractive care was minimal due to priority on sight threatening pathology

# Optometrists of the Early Years

- The pre-Caplan & early Caplan eras 1966-1971. The Viet Nam Period – All but one of the first 8 IHS ODs were from Massachusetts College of Optometry (pre-NECO), serving their 2 years of compulsory service time as Commissioned Officers in the USPHS. None stayed in the IHS after their service requirement had been fulfilled.

# The First 4 IHS Optometrists

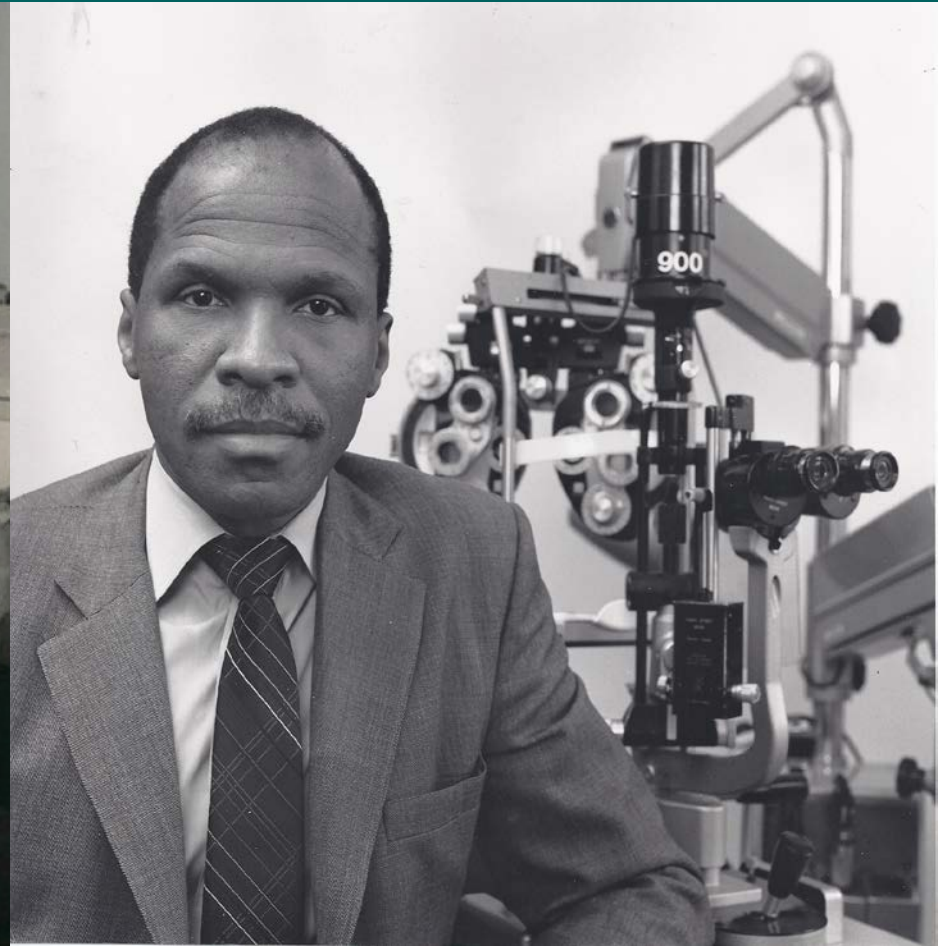
- Paul Owens – Phoenix 1966-69
- Barry Meyer – Albuquerque 1967-69
- Marvin Pachman – Tuba City 1967-69
- Joel Abraham – Gallup 1967-69



# Paul L. Owens, O.D., M.D., ScD

Phoenix 1967

New York 1987



**Co-author Chapter 34 in “Clinical Ocular Pharmacology”  
3rd Edition with David Amos, O.D.**



# Dr. Paul Owens Article

## AOA Journal November 1969

*Optometric care at the Indian Hospital, Phoenix, is a challenging but rewarding experience*

### U. S. public health service optometry

PAUL L. OWENS, JR., O.D.

In November 1966, optometrists were commissioned for the first time as Health Service Officers in the U. S. Public Health Service Commissioned Corps. The purpose of this paper is to describe the optometrist's role on the eye and vision care team at the U. S. Public Health Service Indian Hospital, Phoenix, Arizona. Some future plans and optometric programs will also be outlined.

The current trend in public health is for health professionals to work together as a team in the delivery of health care services. In this regard, the Chief of Eye Services, Isao Hoshiwara, M. D., at the Phoenix Indian Hospital has organized two basic teams, (1) Trachoma Control Team and (2) General Eye and Vision Care Team. The two teams serve Indians of the Phoenix metropolitan area and several Indian reservations and boarding schools in Arizona, Utah, Nevada and California.

The Trachoma Team consists of one full-time ophthalmologist and one other staff ophthalmologist, who divides his time equally between Eye Vision Care and Trachoma Control. Ancillary help is also employed. The purpose of the Trachoma Team is to diagnose and treat trachoma in an effort to lower the high incidence which was found among the Southwestern Indian population several years ago. The team is also engaged in other ophthalmological research. In the last fiscal year, the Trachoma Team delivered services to 20,000 persons. At present, optometry has no specific role on the Trachoma Team; but there may be utilization in the future, when and if research is done where optometric services are needed.

The Eye Vision Care Team administers its program from the Phoenix Indian Hospital Eye Clinic. This team consists of one full-time ophthalmologist, one part-time ophthalmologist, one full-time optometrist and one full-time secretary.

Services are delivered to the Indian people by two methods. The first involves use of the out-patient clinic facilities at the Phoenix Indian Hospital. Patients are transported to the clinic from distant reservations and villages, while Indians living on nearby reservations and in the metropolitan Phoenix area may be seen by calling the clinic for an appointment.

The second approach to the delivery of services is to arrange for an ophthalmologist and/or optometrist to travel from Phoenix to specific reservations and set up special clinics. These are termed field trips; and at present, this is how the majority of the work of an optometric officer is accomplished.

Using these two methods of providing out-patient clinics and field trips by the staff, the eye vision care team delivered 7,868 services in fiscal year 1968. There were 3,700 outpatients visits, with 75% requiring ophthalmological services. On field trips, 3,866 services were delivered, 93% of which were optometric care.

#### School Vision Program

Under the program, the optometric member of the team devotes the majority of his time to the School Vision Program.

At the beginning of the year, the public health and school nurses usually screen all school age children of the various Indian



Figure 1: Dr. Paul Owens and his pretty Indian patient get acquainted.



Figure 2: Outpatient clinical facilities at the Phoenix Hospital

reservations. This past year the nurses received instructions in various vision screening techniques, including visual acuity, muscle balance and binocularity. This training is administered by the Arizona Society for the Prevention of Blindness.

After vision screening is completed, the Director of Public Health Nurses contacts the eye department, and arrangements are made for the optometrist to travel to the reservations. These field trips have included all the Indian reservations in Arizona (except the Navajo, which is served by three other U.S.P.H.S. optometrists.) Field trips have also been made as far away from Phoenix as Riverside, California, and Stewart, Nevada, each of which has a Bureau of Indian Affairs boarding school.

Optometric equipment taken on field trips includes a complete refracting unit and other essential ophthalmic instruments needed to perform a good vision analysis. The eye teams also own a completely equipped mobile unit which is used by all the staff, but mostly by the Trachoma Team, which is responsible for 20,000 persons. Most of the optometric examinations are performed in school clinics. Once equipment is set up, the school children are usually brought to the clinic at a rate of about twenty patients daily.

At the present time, the author is the only commissioned optometrist for all school children in the Phoenix Indian

Health Area (private optometrists are contracted for certain outlying areas). This poses a public health problem of organizing and delivering optometric services to the number of patients while maintaining the highest possible professional standards. This has been the challenge for the past two years which had to be solved if the hundreds of visually handicapped school children in the area were able to receive adequate vision care to enable them to perform classroom tasks. Therefore, it has been necessary to resolve each patient's greatest visual problem. To do this requires obtaining a good case history or understanding of the basic problem. Most of the patients have been adequately evaluated with a precise refractive analysis; but when problems other than refractive in nature are discovered, these patients are rescheduled on a day when all the time needed for the vision examination is available, for some of these patients require the skillful use of objective methods due to language problems. This problem occurs most often when working with children between four and ten years old. Many children of this age group are reared by parents who speak to them in their tribal language and do not encounter extensive use of the English language until they enter the first year of school. Therefore, it is sometimes difficult to explain the various differentiations required from a patient when doing a sub-

# Optometric Weekly Feb. 1971

## About Jon Volovick

Special Report

Marie T. Aubuchon

### Shepherd of Sight to the Navajos

*The author, an aide to the AOA's department of career guidance, recounts the dedicated service of one optometrist to the poverty-stricken Navajo Indian tribe*

Gallup, New Mexico, is a place of natural beauty — but it is a deceptive beauty which hides a story of poverty and deprivation for a once great and still proud people. The Navajos, whose reservation is here, have long felt the cold bite of poverty. Families of twelve live on as little as fifty dollars a month which they receive from the Navajo tribe. There is no electricity, no running water — none of the things most people have come to accept as necessities. Medical, dental, and optometric needs are covered by the United States government. Children, up to the 12th grade of school, receive their glasses free. Indigent older people receive their glasses through a program called "Eyes for the Needy."

There are few jobs in Gallup. Concerned people are trying to bring new industry in, but progress is slow. The Navajos lack education and the necessary skills. There is a "generation gap" here too. The old men may dream of past glories but the young men dream of lifting themselves and their children out of the poverty which has so long plagued them. The old do not speak English and know little of the ways of the white man. The young learn English in school and grow up with white children. They are not content to live in the old ways. They see and want the benefit of the new ways.

It is here that Jon B. Volovick, O.D., a U.S. Public Health Service optometrist lives and works. Twenty thousand pupils in 100 schools are his special charge. He goes from school to school in a well-equipped government mobile furnished optometric unit, tending the vision needs of the children, like a shepherd of sight.

Each day, starting at 8:30 a.m., he examines those youngsters referred by school nurses and teachers on the basis of all optometrically related problems.

Dr. Volovick has found a very unusual refractive error among the Navajo school children. In the second, third, and fourth grade students he has found a large, manifested amount of astigmatism — from four to five diopters, 99 percent of the minus axis at 180°, in addition to a slight hyperopia. In junior high school, these same students show a drop to one to three diopters of cylinder. In high school,

# Drs. Volovick & Abraham Study

## AOA Journal November 1972

### Preliminary Navajo Optometric study

JOEL E. ABRAHAM, B.S., O.D.,

JON B. VOLOVICK, B.S., O.D.

**ABSTRACT**—A four year study of the vision and vision care of the Navajo Indian school children has been completed. Examinations were performed on over four thousand children at their schools, by means of a mobile clinic, as referred by the school nurses. In a Mongoloid society the majority of the children are myopic, and at earlier ages than Caucasian children. Astigmatism is present in young Navajo students in much higher degrees than is found in older Navajo high school students. The trend is from compound myopic astigmatism to simple myopia, and is yet unexplained.

**ABOUT OUR AUTHORS**—Joel E. Abraham received his B.S. and O.D. degrees from the Massachusetts College of Optometry. He served in the United States Public Health Service, Division of Indian Health, July, 1967 to July, 1969. A diplomate of the National Board of Examiners in Optometry, he was on the medical staff of Eastman Kodak Company, Rochester, New York, from August 1969 to June, 1972. He is presently in private practice.

Jon B. Volovick graduated from the Massachusetts College of Optometry in 1969 with B.S. and O.D. degrees. Upon graduation he entered the United States Public Health Service, Division of Indian Health, October, 1969 to October, 1971. He is a clinical associate of the Optometric Extension Program, and a diplomate of the National Board of Examiners in Optometry.

As the first and second United States Public Health Service commissioned optometrists to serve at the Gallup Indian Medical Center, Gallup, New Mexico, the authors have just completed the first phase of a study of the vision and the vision care of the Navajo Indian school children. This paper is offered as a statistical investigation of the refractive state of school age Navajo children.

The optometry program was initiated to



Jon B. Volovick, O.D.



Joel E. Abraham, O.D.



*Dr. Jon B. Volovick examines the eyes of a Navajo elementary school girl inside the mobile unit he uses in his rounds.*



*Serving as a voluntary secretary, Mrs. Jon Volovick takes history of Navajo children awaiting examination in the trailer.*





# The First IHS Optometry Consultant

- Sept. 1968 - A call from AOA requesting permission to submit my name to IHS Director for consultant position. Two additional names were also submitted
- Dec. 1968 – Received letter from IHS Director, offering me consultant position, mentioning pay of \$50 a day, \$16.00 per diem & expect to work about 10 days a year





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

7915 EASTERN AVENUE

SILVER SPRING, MD. 20910

December 31, 1968

REFER TO:

REIMBURSEMENT SERVICES

Lester Caplan, O.D.  
6660 Security Boulevard  
Baltimore, Maryland 21207

Dear Doctor Caplan:

The Indian Health Service now has a number of professional optometrists on its field staff; and since there are no counterparts either in Headquarters or the Area Offices to provide expertise in this specialty, we should like to have a resource available to provide advice and guidance to this group as the need might arise.

The American Optometric Association has referred your name to us as a possible candidate for appointment as a Consultant to our staff, and this letter is written to ascertain your interest and willingness to serve in such capacity. Our consultants are reimbursed at the rate of \$50.00 per day plus travel and \$16.00 per diem. It is anticipated that we would utilize your services about ten (10) days during the calendar year.

If you wish to be considered for this assignment, we would appreciate your sending us a curriculum vitae and completing and returning the enclosed forms at your earliest convenience. Filing of the form HEW #474 is required under the provisions of the President's Executive Order of May 8, 1965, which prescribed standards of ethical conduct for officers and employees of the Government. The form provides information about your private employment and financial interests as required by the regulations. Two copies should be completed and returned in the enclosed envelope, and the third retained for your records. You are assured that the information provided will be considered strictly confidential.

We hope very much that you will be receptive to this appointment and that we will hear from you in the near future.

Sincerely yours,

E. S. Rabeau, M.D.  
Assistant Surgeon General  
Director, Indian Health Service

Enclosures: (7)

# The Appointment

- January, 1969 – Received letter from IHS Director, Dr. E. B. Rabeau welcoming me as the optometry consultant to the IHS. Dr. Michael Ogden, Chief of Medical Services would be in touch with me to set up a meeting to explain the role of the Optometrist in the program



INDIAN HEALTH SERVICE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

7915 EASTERN AVENUE

SILVER SPRING, MD. 20910

REFER TO:

January 30, 1969

Lester A. Caplan, O.D.  
6660 Security Boulevard  
Baltimore, Maryland 21207

Dear Dr. Caplan:

We are grateful that you have accepted an appointment as a Consultant to the Indian Health Service. In this connection, as soon as our Congressional budget preparation and hearings are completed, Dr. Michael Ogden will be in touch with you to schedule a meeting to discuss the role of the Optometrist in the program.

We are looking forward to your assistance and participation in the Indian Health program and WELCOME ABOARD.

Sincerely yours,

E. S. Rabeau, M. D.  
Assistant Surgeon General  
Director, Indian Health Service

# Why Me?

- No ODs with an M.P.H. in 1968. Lou Warshaw, first one in 1969. I had M.Ed.
- Close proximity to IHS Headquarters
- Chair of MOA Public Health Committee
- Negotiated for Optometric inclusion in the state for Title 19 (Medicaid)
- High recommendation from former AOA president and classmate at NICO

# Getting Started

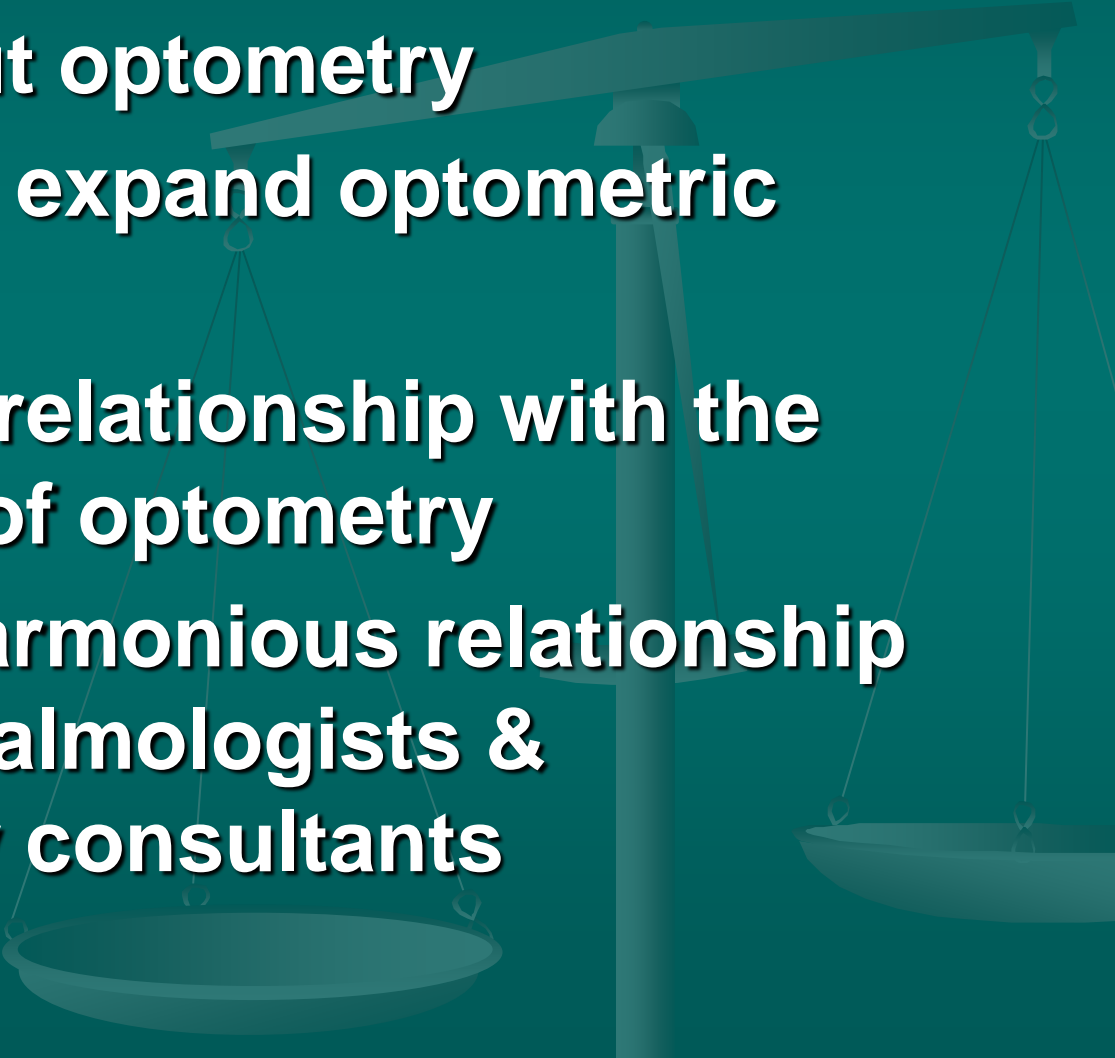
- April 1969 – In meeting with Dr. Ogden, he informed me that a new Director & the Chief of Medical Services would be assigned as of July 1, and best to delay any discussion of what my role would be until after they come on board. He stated that he will inform the new Chief of Medical Services about my appointment and that I should hear from him shortly after July 1



# Getting Started (cont.)

- Sept. 1969 – Meeting with Dr. Emery Johnson, IHS Director & Dr. Donald Swetter, Chief of Medical Services
- Dr. Johnson informed me that the job would require much more than the 10 days a year, as stated by the former director, as he expects me to evaluate the current eye care program & make recommendations for the increased utilization of Optometrists in the IHS

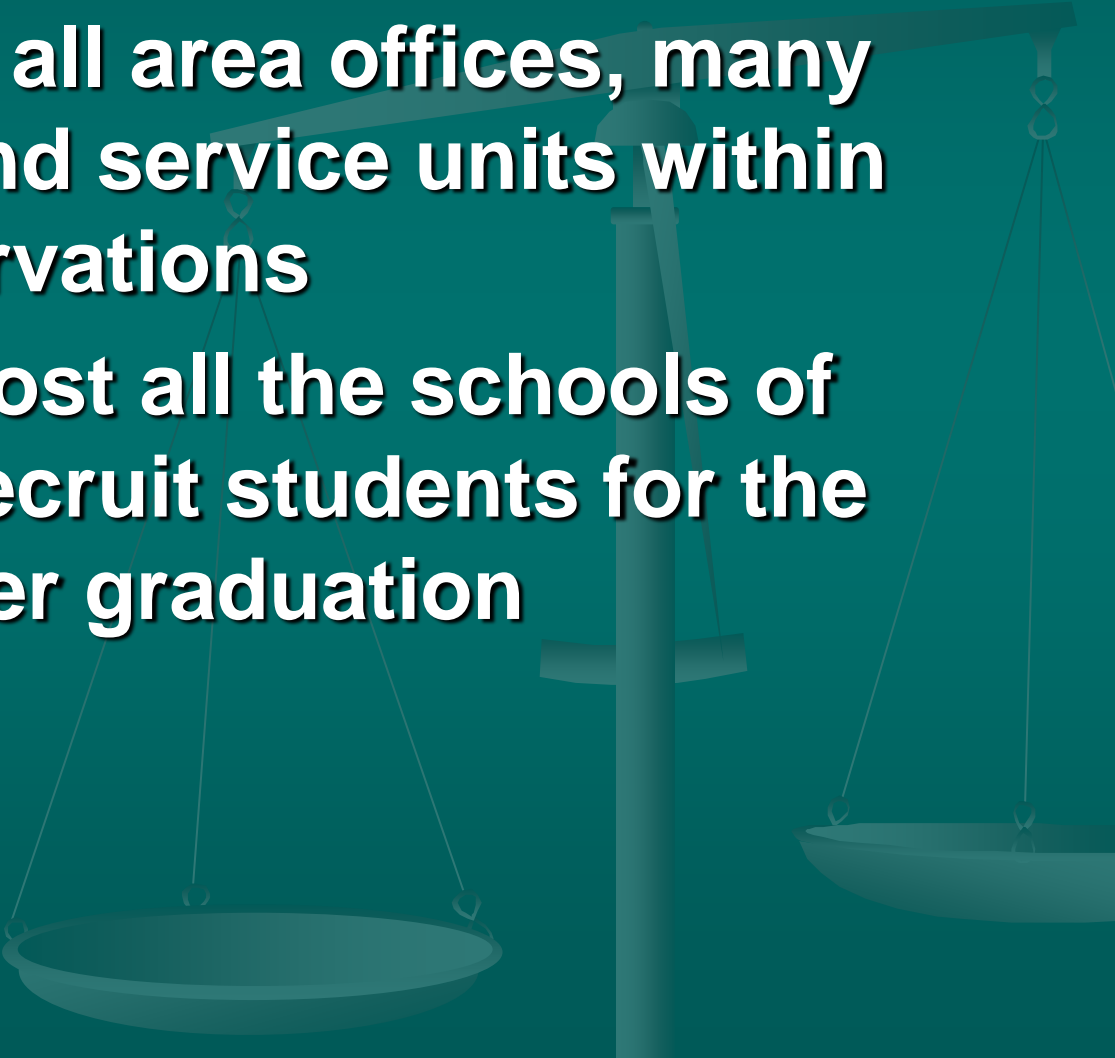
# Initial Charge from IHS Director

- 1. Educate IHS administrators and clinicians about optometry
  - 2. Develop and expand optometric utilization
  - 3. Improve the relationship with the private sector of optometry
  - 4. Develop a harmonious relationship with IHS ophthalmologists & ophthalmology consultants
- 

# Response to Charge

- 1. In the next 5 years, over 40 trips covering all areas of the country, from the West Coast of Alaska to the Southeast Corner of Florida
- 2. Meetings with IHS area and service unit administrators, IHS ophthalmologists & consultants, IHS optometrists & private sector optometrists in all states where services were being provided by the IHS

# Response to Charge (cont.)

- 3. Site visits to all area offices, many reservations and service units within the larger reservations
  - 4. Visits to almost all the schools of optometry to recruit students for the USPHS/IHS after graduation
- 

# **The Site Visits**

**Visited all 8 IHS Areas beginning in October 1969 to the Billings and Aberdeen Areas. The Portland, Phoenix & Gallup Areas followed in 1970 and the Oklahoma City and Anchorage Areas in 1971. The names note locations of Area Headquarters. Visits to Service Units within areas and to sub-areas and reservations in Tennessee, Mississippi, North Carolina & Florida followed**

# Billings & Aberdeen Areas

- In Aberdeen Area, at Eagle Butte Reservation, I had the opportunity to view first hand, the impersonal, token type of eye care that was being provided by Ophthalmology as described in my AOA Journal Paper: “The Long Road to Eye Care”, February 1978



# American Journal of Optometry and Physiological Optics

Volume 52, Number 6  
June, 1975

Official Publication  
of the American Academy  
of Optometry

PRENTICE MEDAL ISSUE

## Contents

MARKED ACCOMMODATION, RETINAL  
STRETCH, MONOCULAR SPACE  
PERCEPTION AND RETINAL RECEPTOR  
ORIENTATION

Jay M. Enoch

376

CENTRAL AND PERIPHERAL CORNEAL  
SWELLING ACCOMPANYING THE  
WEARING OF BAUSCH AND LOMB  
SOFLENS® CONTACT LENSES

Timothy L. Sanders, Kenneth A. Polse, Morton D.  
Sarver and Michael G. Harris

393

NEW DIAGNOSTIC PSEUDOISCHROMATIC  
PLATES FOR DICHROMATS BASED ON  
SUBTRACTIVE COLOR MATCHES

Jennifer Birch

398

CHANGES IN CORNEAL CURVATURE  
AND SUBJECTIVE REFRACTION OF  
SOFT CONTACT LENS WEARERS

Theodore Grosvenor

405

CLINICAL TONOMETRIC MEASUREMENTS  
COMPARING THREE NON-CONTACT  
TONOMETERS

Michael A. Walby, Arol Augsburger and Michael  
Polasky

414

Complete Table of Contents on Pages 2 and 4

## Optometric Public Health

### OPTOMETRY AND THE PUBLIC HEALTH SERVICE\*

Lester Caplan†  
Consultant  
Indian Health Service  
Rockville, Maryland

#### ABSTRACT

*The Table of Organization of the U.S. Public Health Service is described. The Indian Health Service and the Commissioned Corps of the Public Health Service are emphasized.*

As Optometric Consultant to the Indian Health Service, I have been asked to describe optometry's involvement in the U.S. Public Health Service. I will give an overview of the Service, which will include organization, historical background, current optometric utilization and future trends.

There is nothing more difficult than providing a Table of Organization for the Public Health Service. I say difficult, because no sooner do I complete the task, than our great Federal bureaucracy decides to change its structure. Therefore, much of the organizational information that is presented, other than in the specifics of optometry may, or may not still be factual. The Public Health Service falls under the Assistant Secretary for Health, Dr. Charles Edwards, of the Department of Health, Education & Welfare. There are six Agencies which comprise the Public Health Service:

- 1 - Health Service Administration (HSA)
- 2 - Health Resources Administration (HRA)
- 3 - Food & Drug Administration (FDA)

- 4 - National Institutes of Health (NIH)
- 5 - Center for Disease Control (CDC)
- 6 - Alcohol, Drug Abuse & Mental Health Administration (ADAMHIA)

Although we have had optometric input, mostly on a consultant basis, into several of the other agencies, it is primarily the Health Services Administration which has employed the only significant number of optometrists.

The HSA is responsible for:

- 1 - Providing and servicing the delivery of health services through grants, contracts, and direct delivery.
- 2 - Integrating service delivery programs with public and private health financing programs.
- 3 - Administering State formula grant sup-

\*Read before the Section on Public Health and Occupational Vision at the Annual Meeting of the American Academy of Optometry, Miami Beach, Florida, December 16, 1974. For publication in the June, 1975 issue of the AMERICAN JOURNAL OF OPTOMETRY AND PHYSIOLOGICAL OPTICS.

†Optometrist, M. Ed., Indian Health Service  
Optometric Consultant



1978/February

# Journal

of the American Optometric Association

## Volunteerism To Humanity

Serving the Underprivileged,  
the Uninformed, and the  
Underdeveloped Countries



**VOSH — Boys Town  
Mobile Vision Care  
Flying OD's — 4-H  
The Amigos Project  
Student Volunteers**

## The American Indian — the long road to eye care



LESTER CAPLAN, O.D., M.Ed.

It all began with a phone call from the AOA Washington office in September of 1968. They would like to consider me for a soon to be created position as consultant to the director of the Indian Health Service. My reaction, to say the least, was one of surprise and doubt. Why me? What is the Indian Health Service? What will the consultant do? How much time would be required? Those were just a few of the questions that ran through my mind.

Some work in the public health field for the Maryland Optometric Association, an additional graduate degree (M.Ed.), my proximity to Silver Spring, Md. (I.H.S. office at that time), and a strong recommendation from a past AOA president, Dr. Eugene McCrary, made me a prime candidate for the position. I must admit that I knew absolutely nothing about our native American population, and even less about the federal bureaucracy. When I was informed that it would probably mean only a few meetings a year at the headquarters office, it sounded as though it could be an interesting position without any great demand on my time. I therefore agreed to the submission of my name to the I.H.S. director for consideration.

In December 1968, I received a letter from Dr. Erwin Rabeau, I.H.S. director, welcoming me aboard, and stating the Dr. Michael Ogden, chief of medical services would be in touch with me to explain my expected role. When three months passed without a word, I thought it time to take some action. One thing I would

*"The total reservation population was estimated at 460,000 in 1969, so we had a ratio of one O.D. per 92,000 Indians."*

not allow, was a "name only" position, and that if I was not going to be consulted, a resignation would be in quick order. In response to my call, a meeting was set up, and in April 1969, I met with Dr. Ogden. He informed me that he would be leaving his position shortly, that the current director was going to Tucson, and there would be a completely new headquarters administration as of July 1st. He suggested that it would be best to delay any planning until I met with the new Director and Chief of Medical Services. I could expect a call in July from the new chief.

July passed, August passed, and once again it looked like a "paper only" position. A phone call to the new chief of medical services, Dr. Donald Swetter, not only drew a blank, but he could not even find anything in his files relating to my position. It was necessary for me to duplicate my copy of the original appointment to assure him that I was an official consultant. A September meeting followed with Dr. Swetter and Dr. Emery Johnson, the newly appointed director. Dr. Johnson outlined my

expected duties among them, (1) educating I.H.S. administrators and clinicians about optometry, (2) developing and expanding optometric utilization in the I.H.S., (3) improving the relationship with the private sector of optometry, and (4) developing a harmonious relationship with I.H.S. ophthalmologists and consultants. He also stated that these duties could not possibly be fulfilled by a couple of meetings a year at I.H.S. headquarters, and that I should plan on taking a few trips to see what was going on out in the field. My first trip was in October 1969 to Montana and South Dakota. Over the next two years, I visited all eight I.H.S. areas. There were fact-finding visits, meeting with I.H.S. officials, state optometric leaders, optometry and ophthalmology staff. The trips were most enlightening, but extremely disturbing. The totally impersonal, minimal care that I observed, can be reflected in the quotes from one of my early reports:

Aberdeen area, "Eagle Butte-Cheyenne River Reservation," mass exam —

"Criteria of referral 20/70 in one eye or worse — approximately 450 children were "examined" on this day. Children were herded into a large auditorium and drops were instilled by the P.H. nurse. Three booths were set up on stage and each child was given an ophthalmoscopy and a retinoscopy by a physician. (Not one word was spoken to child during examination.) The retinoscopic finding was

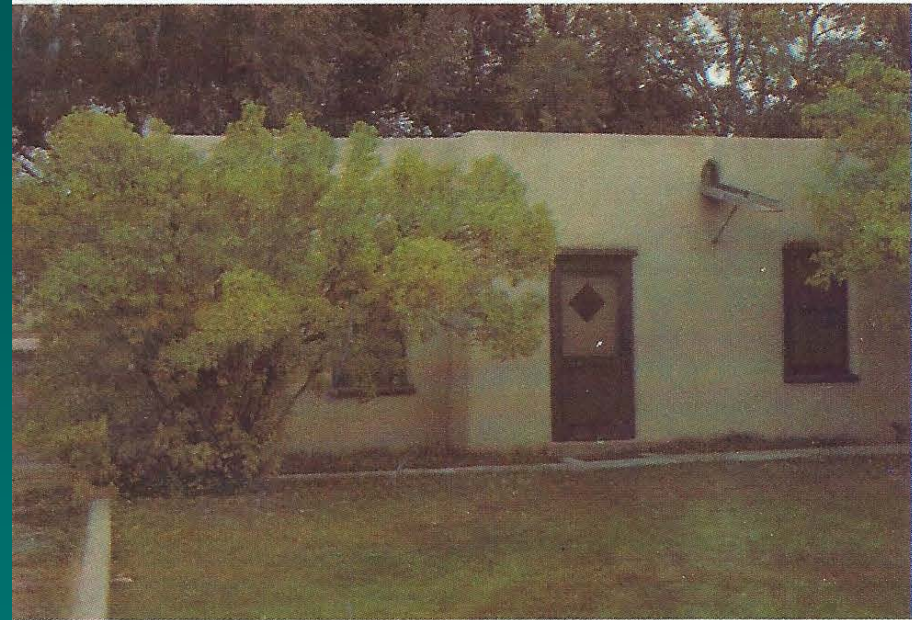
ports:

Aberdeen area, "Eagle Butte-Cheyenne River Reservation," mass exam —

"Criteria of referral 20/70 in one eye or worse — approximately 450 children were "examined" on this day. Children were herded into a large auditorium and drops were instilled by the P.H. nurse. Three booths were set up on stage and each child was given an ophthalmoscopy and a retinoscopy by a physician. (Not one word was spoken to child during examination.) The retinoscopic finding was

written on an AO Rx blank, pinned to the child who then walked over to a table where an optician had a few frames. No mirror was available for the child to even see what the frame looked like. In the 2½ hours I was there, 250 children were "examined," approximately 50 were not prescribed for, as the physician felt the refractive error was not high enough. (Some of these had up to 2.50D of astigmatism.)"

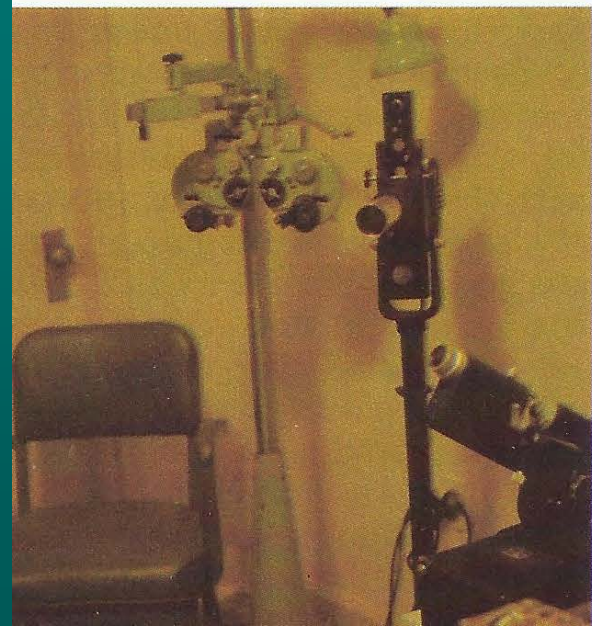




Santa Fe Eye Clinic soon to be replaced by new hospital



Indian children waiting to be examined



1972 — Examination room at Santa Fe Hospital

Phoenix Indian Health Hospital





# Site Visit Meetings

- Meetings with IHS Area & Service Unit Directors, Chiefs of Services, in-service Ophthalmologists & consulting Ophthalmologists, in-service & private practice Optometrists, informing all of my role, the expected role of the in-service Optometrists and the importance of establishing a climate of mutual respect and understanding among all parties

# Phoenix - Gallup Visits

109 CAPLAN, LESTER DR(1)5/10-13/79  
6660 SECURITY BLVD.  
BALTIMORE, MARYLAND 21233

**Arizona Manor**  
OPEN YEAR ROUND  
2390 E. Camelback Rd.  
Phoenix, Arizona 85016  
955-7700

9.00  
.45  
9.45

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE. AMT. OF REMITTANCE \$

DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICK-UP
MAY 10B	L.DIST	109 ** 2.04		* 2.04	B* 2.04
MAY 10B	L.DIST	109 ** .63		* 2.67	C* 2.67
MAY 10C	ROOM	109 * 9.45		* 12.92 *	A* 12.92
MAY 10C	PHONE	109 * .80		* 14.12	C* 14.12
MAY 11A	REST'R	109 ** 1.20		* 15.32 *	A* 15.32
MAY 11C	ROOM	109 * 9.45		* 24.77 *	C* 24.77
MAY 11C	PHONE	109 * .40		* 25.17 *	A* 25.17
MAY 12A	REST'R	109 ** .79		* 25.96	C* 25.96
MAY 12C	ROOM	109 * 9.45		* 35.41 *	
MAY 12C	PHONE	109 * .20			

CODE OF CHARGES  
D - TELEGRAM  
E - BEVERAGE  
F - NEWSTAND  
G - TIPS  
H - BEAUTY SALON  
K - SWIMMING POOL  
M - TRANSFER

**Arizona Manor**  
2390 E. CAMELBACK RD. at 24th STREET - 955-7700  
PHOENIX, ARIZONA 85016

PAY LAST AMOUNT IN THIS COLUMN



# Arizona Manor Staff Greets Dr. Caplan





# Welcoming Party at Reservation

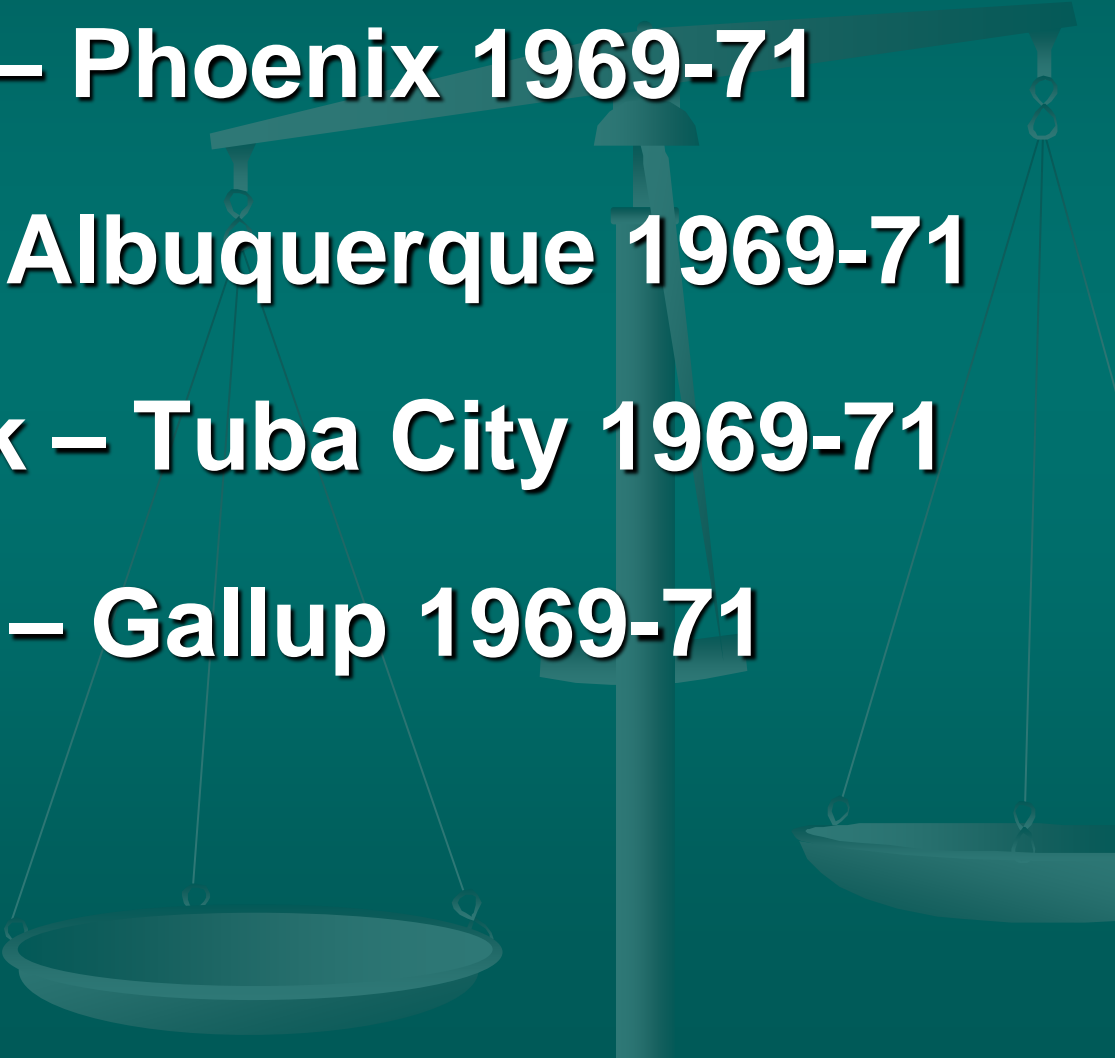




# Long Lines at Clinic



# The Next 4 IHS Optometrists

- Jerry Melore – Phoenix 1969-71
  - Bill DeBois – Albuquerque 1969-71
  - Larry Jebrock – Tuba City 1969-71
  - Jon Volovick – Gallup 1969-71
- 



Drs. Jon Volovick, Jerry Melore, Les Caplan,  
William DeBois, Larry Jebrok



# Jerry Melore @ Salt River Canyon



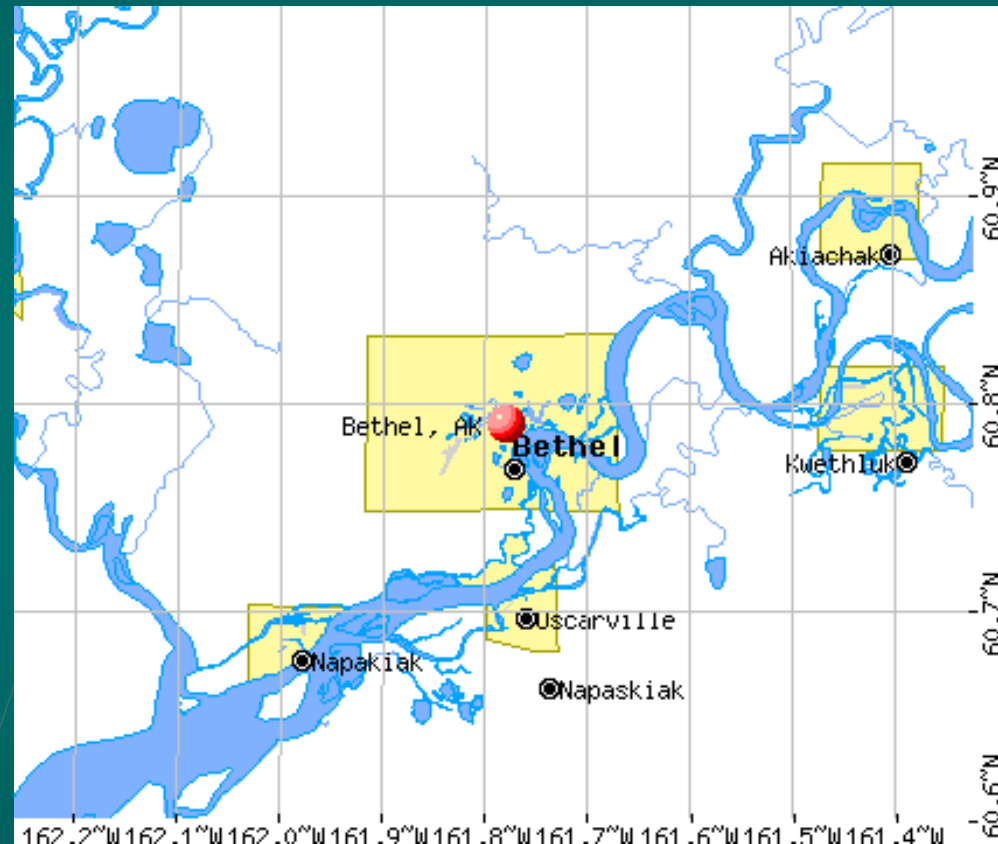
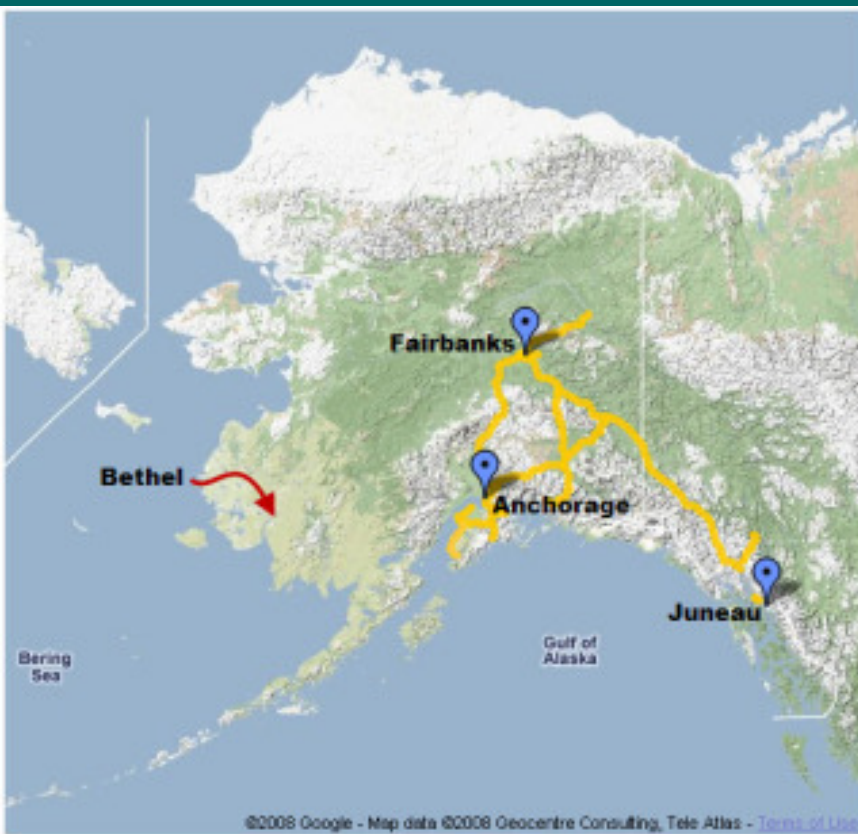


# **The Alaska Site Visit**

## **May, 1971**

- Visited Bethel, Napakiak Eskimo Village, Anchorage and Juneau
- Field trip to Napakiak Eskimo Village 10 miles down the Kuskokwim River with Dr. Donald Dippé, Alaska Area, Chief of Ophthalmology
- First & only clinical work as consultant
- Dressed for the occasion?
- Crucial dependence on Ophthalmology

# The Alaska Site Visit May, 1971



Click to see video on  
YouTube (4:53)



# Yukon Kuskokwim Health Corporation Bethel, Alaska





# The Early Caplan Era ODs

- Pacific – Ed Hawkley (Phoenix), Roger Allyn (Shiprock), Jim Langford (Gallup), Jim Ostadt (Billings)
  - SCO – James Brickey (Ft. Defiance), Randall Carter (Santa Fe)
  - Mass. College of Optometry – Barry Fisch (Tuba City)
  - Military – Gordon McClain (Army) (Albuquerque)
- 

AS OF 05/31/72

Report Number 72054-2

Name Street	Title City-State	Bldg - Room Zip	Site
Allyn, Roger M.	SA HSO Shiprock NM	87420 <i>FEB. 1972</i>	PHS Indian Hospital
Brickey, James N.	SA HSO Ft Defiance Az	86504 <i>1972</i>	PHS Indian Hospital
Fisch, Barry M.	A HSO Tuba City, Az	86045 <i>SEPT. 1971</i>	PHS Indian Hospital
Hawkley, Edward M. 4212 N 16th St.	HSO Phoenix, Az	85016 <i>FEB. 1972</i>	PHS Indian Medical Center
Langford, James W. Box 1337	SA HSO Gallup NM	87301 <i>OCT. 1971</i>	PHS Indian Medical Center
Levin, Richard L. 1131 14th Ave South	SA HSO Seattle Wa	98114	PHS Hospital
McClain, Gordon G. 907 Indian Schl Rd NW	SR HSO Albuquerque NM	87107 <i>AUG. 1970</i>	PHS Indian Hlth Ctr
Ostadt, James 3 Seventh St West	SA HSO Billings Mt	59102	PHS Indian Hlth Area Ofc
Piecewicz, Thomas J. Bay & Vanderbilt Sts	SA HSO Staten Island NY	10304	PHS Hospital
Polkaba, James J 330 Independence Ave	SA HSO HEWS Rm 1630 Washington DC	20201	
Wickman, Dale E.	SA HSO Crow Agency Mt	59022	PHS Indian Hospital
<i>CARTER, RANDALL</i>	<i>SA HSO SANTA FE, N. MEX.</i>	<i>SEPT. 1972</i>	

listed below are the names, grades and assignments of the Optometrists <sup>MACOMA UNIT</sup>  
who are commissioned officers in the Public Health Service. <sup>661-4024</sup>

SENIOR HEALTH SERVICES OFFICER 0-5

IHS \* McLain, Gordon G. Sch. Hlth. Ctr., SIPI, Albuq. Area  
P.O. Bx. 25927, Albuquerque, N. Mex. 87125  
Ph. 505 843 - 2189

HEALTH SERVICES OFFICER (R) 0-4

IHS \* ~~Hawley, Edward~~ } <sup>602-263-1200 (Switchboard)</sup>  
Hawley, Edward } <sup>602-261-3900</sup>  
PMS Ind. Hosp., Phoenix, Ariz. 85014  
Ph. 602-263-1201  
Hunter, Kelsey PMS Hosp., Bay & Vanderbilt St., St. Island, N.Y. 10304  
Ph. 212 447 - 3010  
Polkable, James J. PMS-OPC, 4th & D Sts., S.W., Wash., D.C. 20201  
Ph. 202 963 - 4970

SENIOR ASSISTANT HEALTH SERVICES OFFICERS (R) 0-3

IHS \* Allyn, Roger PMS Ind. Hosp., Field Hlth. Bldg. Shiprock, N. Mex. 87420  
Ph. 505 368 - 4971  
IHS \* Carter, Randal PMS Ind. Hlth. Ctr., Santa Fe, N. Mex. 87501  
Ph. 505 982 - 3397  
IHS \* Brickey, James N. Ind. Hosp., Ft. Defiance, Ariz. 86504  
IHS \* Fisch, Barry M. Ind. Hosp., Tuba City, Ariz. 86045  
Ph. PMS 8 - 602 261 - 3900 Ph. 283 - 5650  
IHS \* <sup>312-447-3010</sup> Langford, James W. PMS Ind. Hosp., Gallup, New Mex. 87301  
Ph. 505 863 - 3245  
Leven, Richard L. PMS Hosp., 1131 - 14th Ave., Seattle, Wash. 98114  
\* Clausen, Larry R. NIH - BEMA, Division of Physics & Health Professional  
Education, OPT, POD, CPPV Section, Bldg. 31 Rm. 4B - 43  
9000 Rockville, Bethesda, Md. 20014  
IHS \* Ofstad, Arnt J. Ind. Hlth. Area Ofc., P.O. Bx. 2143, Billings, Mont.  
59103  
IHS \* Perkins, Lawrence IHS Eagle Butte, S.D. 57625, 605-225-0250  
<sup>ASK FOR 964-2811.</sup>  
<sup>ASST. THURMAN - NISP. ADMINISTRATOR</sup>  
IHS \* Wickman, Dale E. Ind. Hlth. Area Ofc., P.O. Bx. 2143, Billings, Mont.  
59103

(406) 245-6711  
EXT. 6347 - 75K SECY. FOR #  
WHERE HE IS AT  
THAT TIME





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

3/10/80

OPTOMETRISTS IHS

INDIAN HEALTH SERVICE

ABERDEEN

Area Office  
Rosebud

James E. Hamilton  
~~Stephen Carver~~ *JOE BEVERMAN*  
*(CIVIL SERVICE LEAVING 4/1/80)*

BEMIDJI

Sub-Area

~~W. James Hughes~~ *BRAD GAMING*  
VACANT

ALASKA

Anchorage

Donald Bigelow  
~~James Matson~~ *Bob McCormick*

ALBUQUERQUE

Albuquerque  
Santa Fe  
Zuni

~~Gordon McLain~~  
Randall Carter  
Alan Schmierer  
*MARK BOFFARD VACANT*

*IGNACIO*

BILLINGS

Crow Agency  
Poplar  
Fort Washakie  
Rocky Boy

Henry J. Wirth  
~~Mark Huffman~~ VACANT  
Timothy Strand  
~~Loren C. Wakham, Jr.~~ *Jim Pickard*  
*(GOING TO ROCKY BOY)*

NAVAJO

Crownpoint  
Gallup  
Fort Defiance  
Shiprock  
Tuba City

~~Dale Murray~~ *LATHAM MURKIS*  
~~David Andrews~~ VACANT  
John Garber *(GOING TO ADA OKLA)*  
Joel Lugiam *JAMES HUGHES*  
Roy Ashabrunner *(LEAVING 3/1/80)*  
Gary Pabalis *(GOING TO OKLA)*  
~~Mark Bowlin~~ *Richard Steiner*

Winslow

OKLAHOMA

Shawnee  
Pawnee (Pawhuska)  
Tahlequah  
Claremore

Greg McLain  
Rick Darlington  
~~Michael Beckerman~~ *MARK HUFFMAN*  
John Hilliard

PHOENIX

Phoenix  
Keams Canyon  
Whiteriver  
*SAN CARLOS*

Edward Hawkey  
James Langford  
~~Donald Simpson~~ *Van McVey (LEAVING IN JUNE?)*  
Gayland Erickson  
STEVEN CARVER

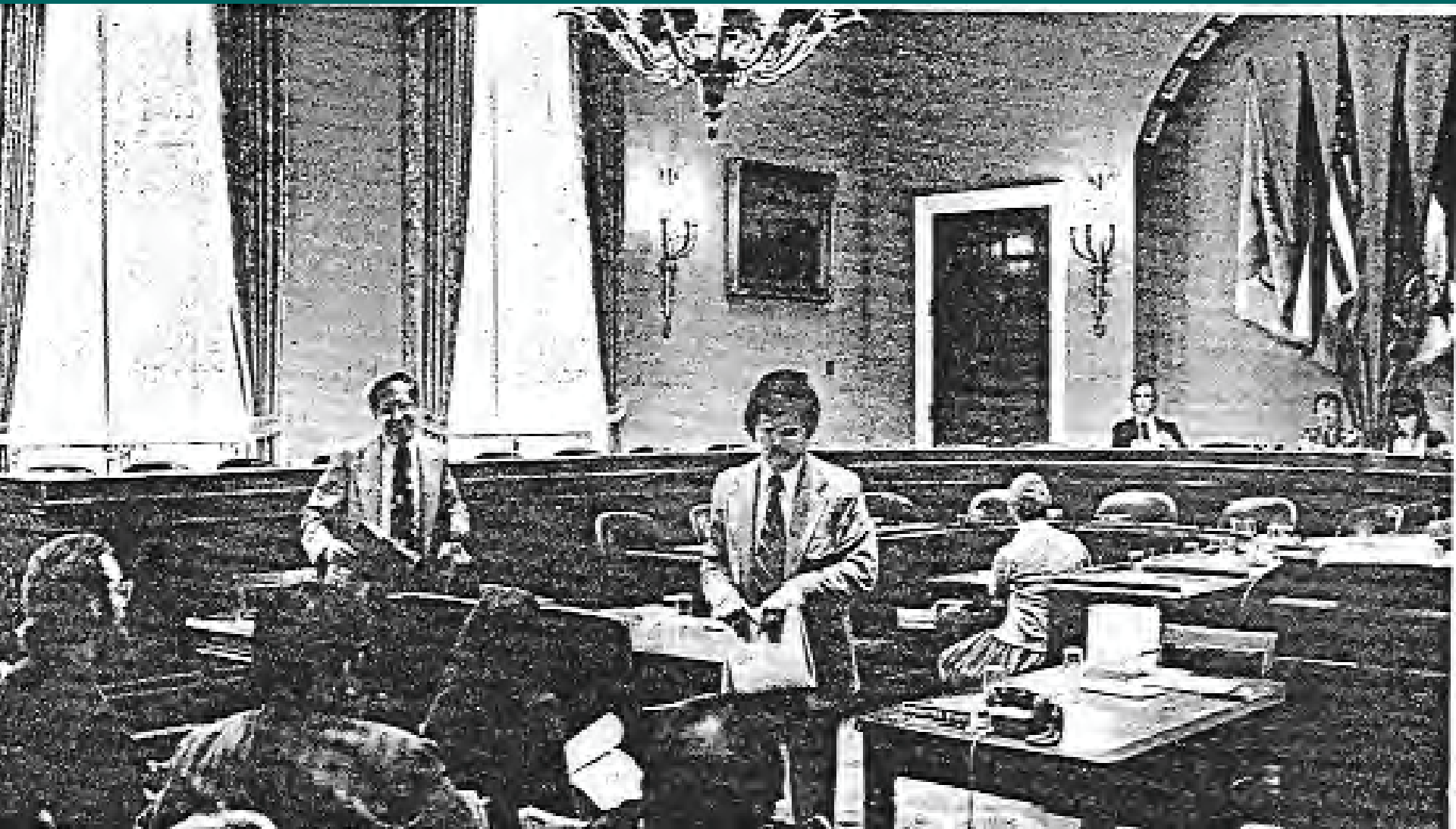
4/78



# Hawkley, Pabalis, Langford, Allyn, Demske



Drs. Caplan & Yamamoto testify before House of Representative  
Interior Committee on Indian Health Care Improvement Act  
September 26, 1974

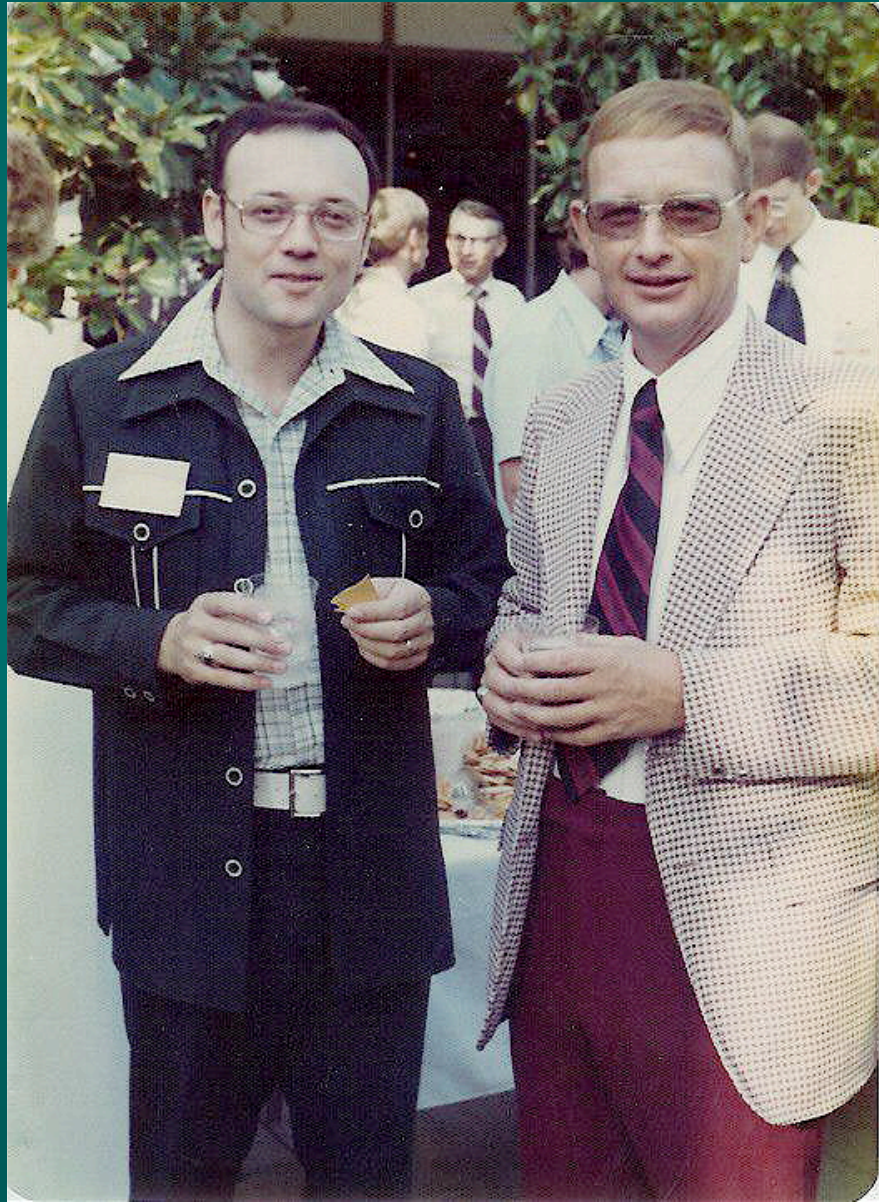


**Hunter, Hamilton, Hatch, Ludlam, Langford with  
Caplan receiving AOA Optometrist of the Year 1975**

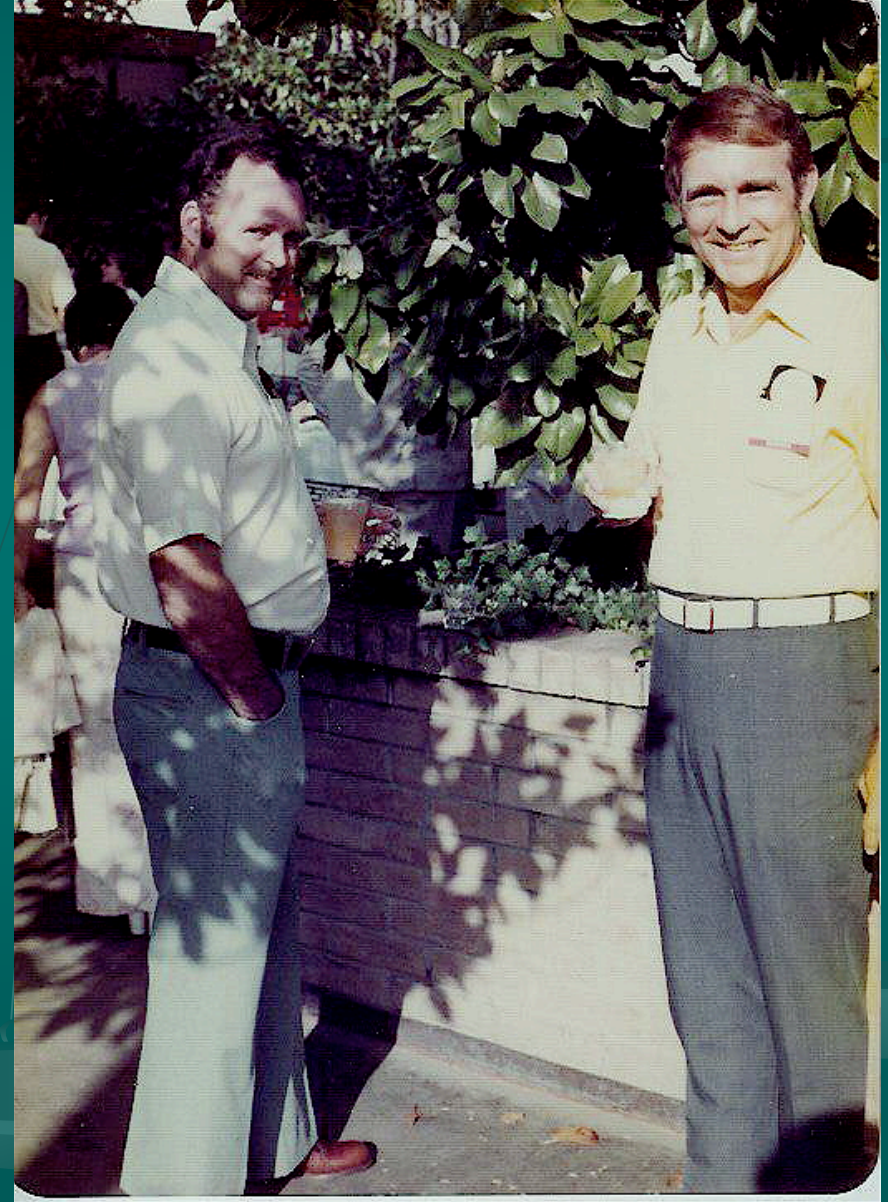




**Jim Langford**  
**Ed Hawkley**



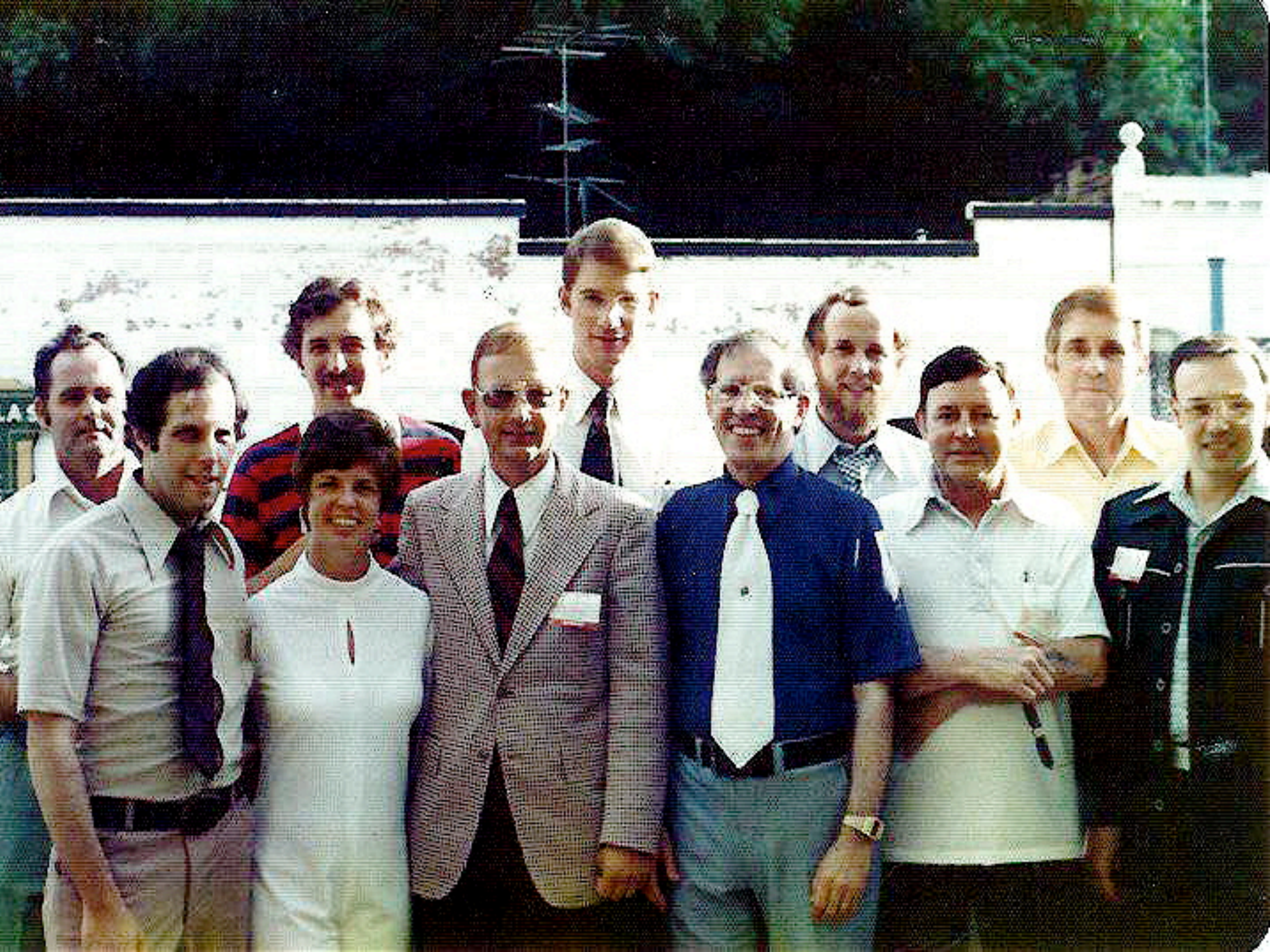
**Gordon McCLain**  
**Ed Hamilton**











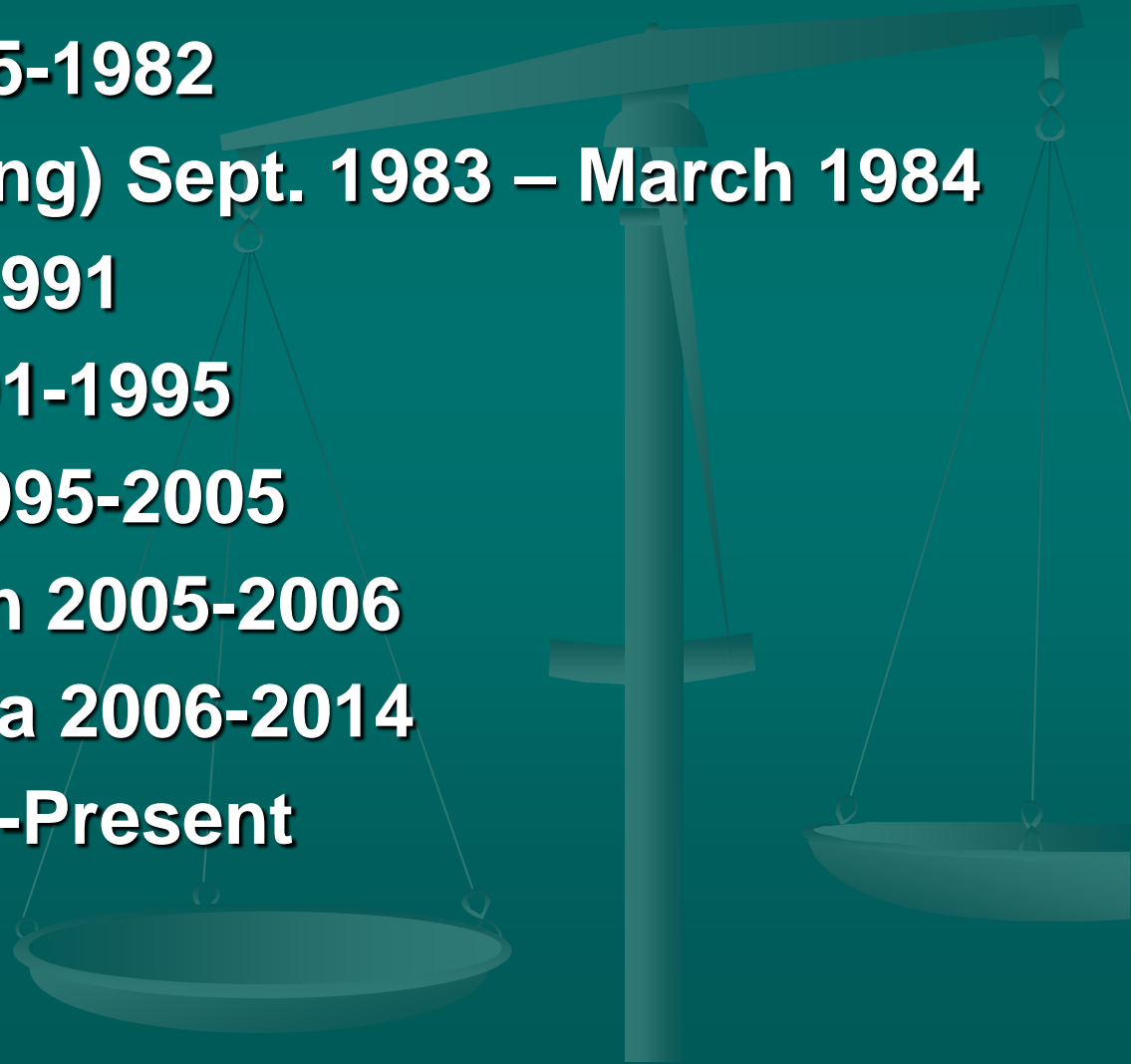




# **Optometry Chiefs of Service (1975-1992)**

## **Chief Clinical Consultant for Optometry (1992-Present)**

- **Ed Hamilton 1975-1982**
- **Les Caplan (Acting) Sept. 1983 – March 1984**
- **Siu Wong 1985-1991**
- **Gary Pabalis 1991-1995**
- **Richard Hatch 1995-2005**
- **Terry Schleisman 2005-2006**
- **Michael Candreva 2006-2014**
- **Dawn Clary 2014-Present**



**Dr. Ed Hamilton**



**Dr. Siu Wong**





**Dr. Richard Hatch**



**Dr. Gary Pabalis**



# Terry Schleisman



# Michael Candreva



# Dawn Clary





# **In-service Ophthalmologists**

- **Isao Hoshiwara – Phoenix, first Chief of IHS Eye Care Services. Brought 1<sup>st</sup> OD into IHS under Trachoma Grant in 1966. Strong supporter of OD utilization**
- **Carl Szuter – Phoenix, second Chief of Eye Care. Worked well with IHS optometrists**

Dr. Isao Hoshiwara

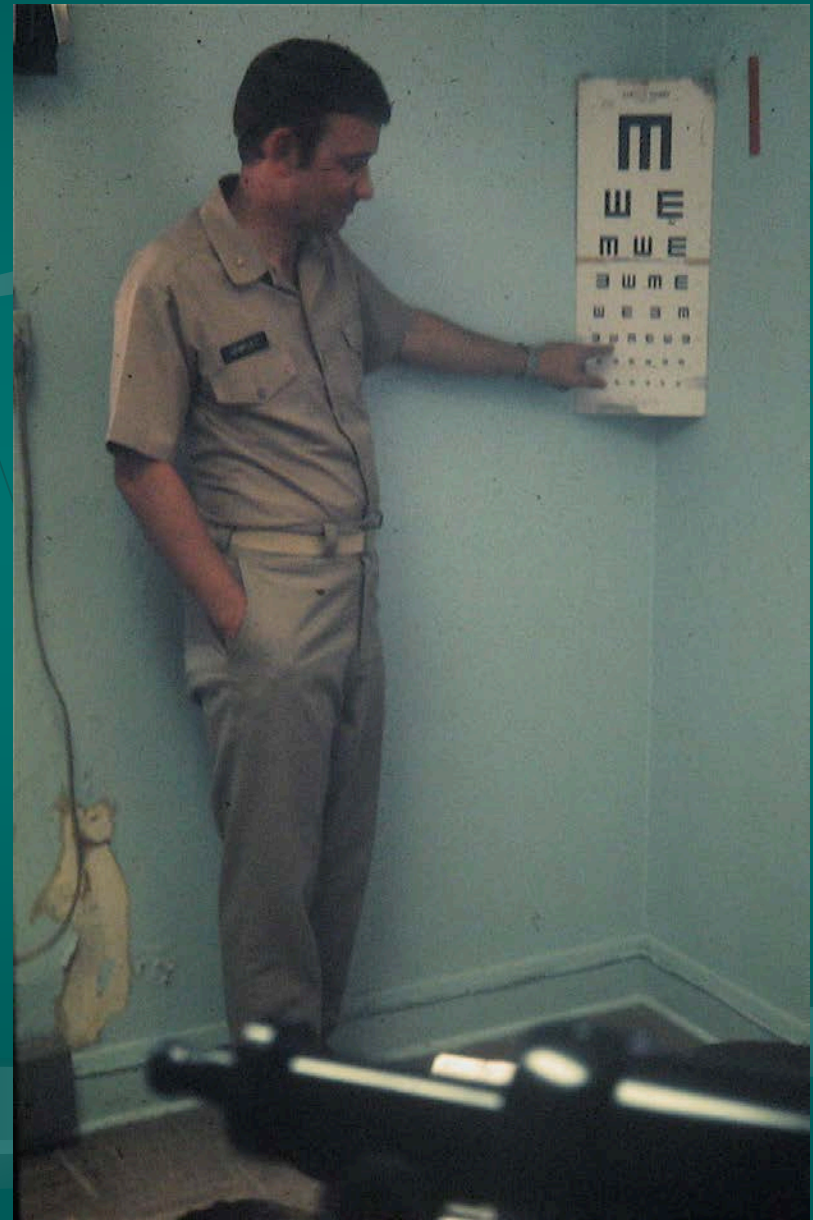


Dr. Carl Szuter





# Drs. Hoshiwara & Hawkley @ Sacaton





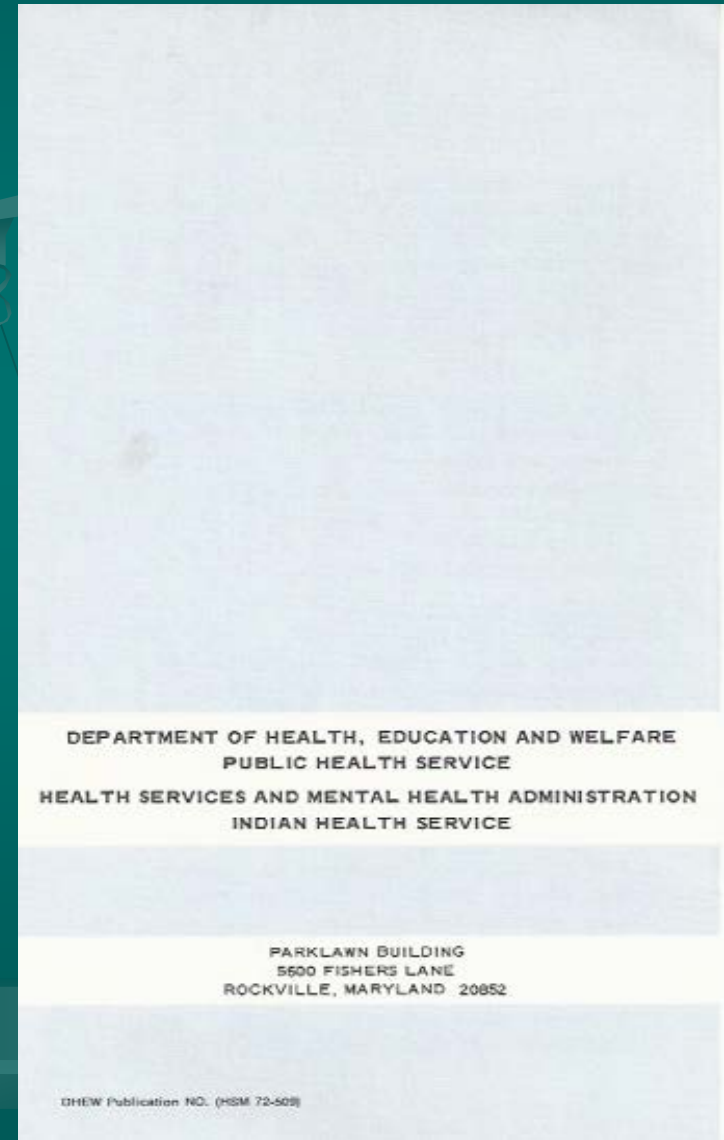
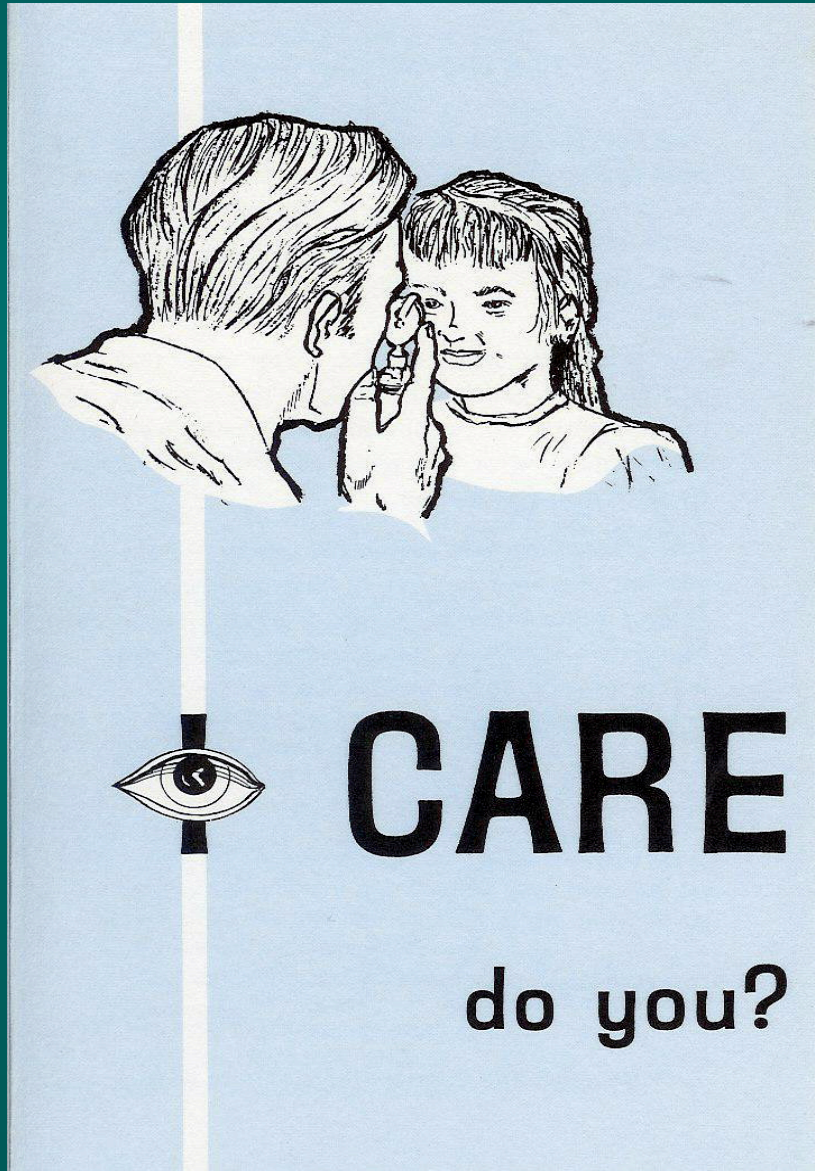


# **Clinical Research Study by IHS Eye Care Team in 1971 at Sacaton**

- **Sacaton Service Unit (Gila River Indian Community)**
- **Study of the first commercial automatic refractor, the Ophthalmatron introduced by Bausch & Lomb, Inc. in 1970**



# 1972 Pamphlet by Caplan & Mendelsohn to try to minimize lost, discarded & broken glasses



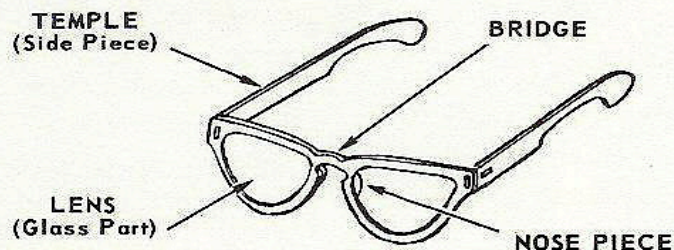


## YOUR EYES AND YOUR GLASSES

Your eyes guide you in almost everything that you do. Most of what you learn comes to you through your eyes. You can do things much better if you see clearly. Many children have poor eyesight and cannot see things very well, like what is written on the blackboard or in books.

Your eyes were tested and the doctor found that you will see much better with glasses. These glasses are made specially for you. The eyes of your family and friends are different from yours, and they should never try on or wear your glasses.

Your glasses can help you only if you wear them when you are supposed to, and if they are kept in good shape. A broken pair of glasses or glasses that are all bent up are of no use. Remember that you may have to wait a long time to get glasses fixed or replaced, so it is very important that you take good care of them.



Here Are The Different Parts of Your Glasses

## TAKING GOOD CARE OF YOUR GLASSES

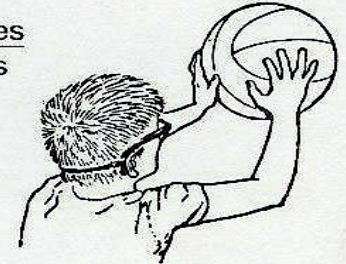
1. Put on and remove your glasses properly. Use both hands to grip the side pieces when putting glasses on or taking them off. This will keep them straight and tight.



2. Keep your glasses clean. Clean your glasses with water and dry them with a soft, clean cloth. Hold the frame on either side of the lens when cleaning your glasses. Do not hold the side pieces.



3. If you must wear your glasses when playing in rough games or sports, be sure to use an elastic band which fits around the head to keep the glasses from being knocked off.



4. Take good care of your glasses when they are not in use. When you are not wearing your glasses, lay them down so that the lenses (glass part) do not touch anything. This will keep them from getting scratched.



It is best to put your glasses into the case that they came in when you are not wearing them.



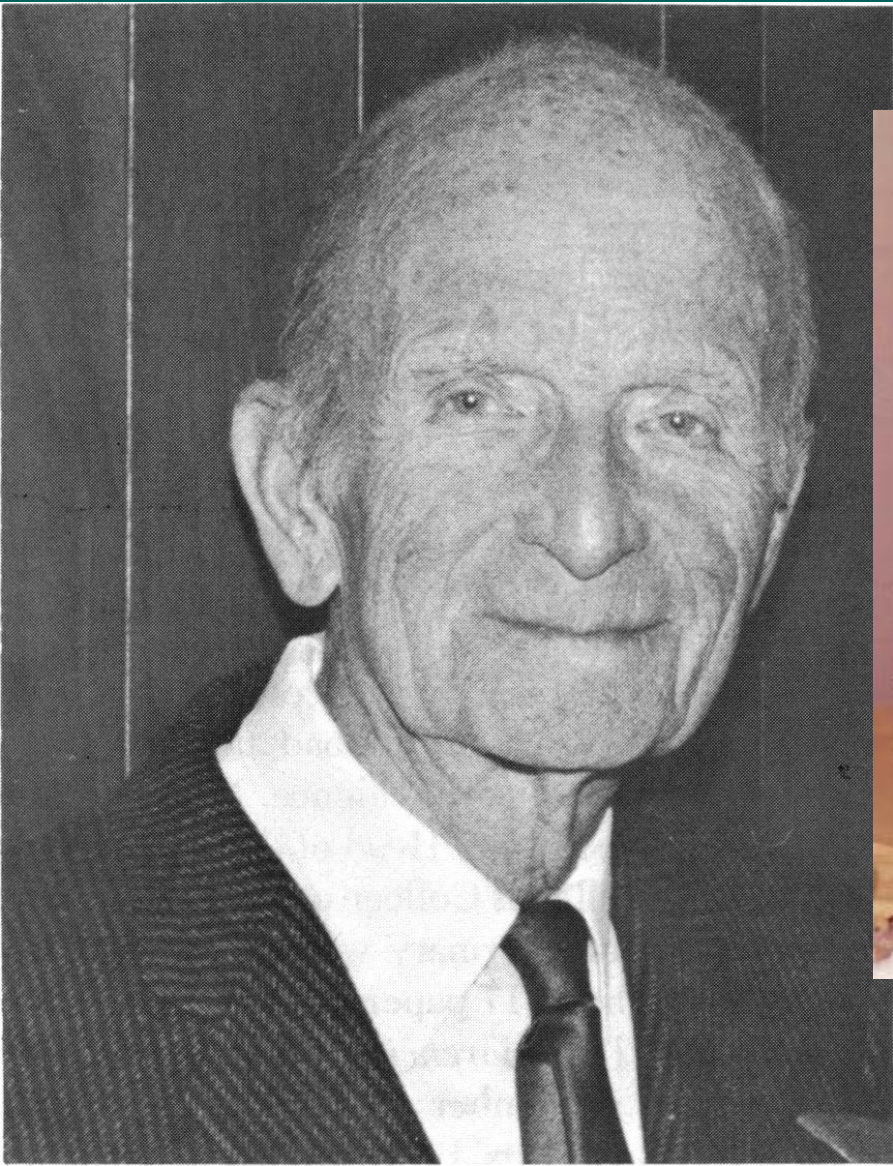


# Consulting Ophthalmologists

- Dr. Peter C. Kronfeld – Professor Emeritus, University of Illinois
- Dr. Phillips Thygeson – University of California San Francisco, Director, Proctor Foundation

Developed climate of mutual respect & understanding. They encouraged increased utilization of optometrists

Peter C. Kronfeld, MD  
1899 -1980





THE HUMAN EYE  
IN ANATOMICAL  
TRANSPARENCIES

To Leda Caplan  
with the best wishes  
of her family

Brewer, Az 8-20-1976

THE HUMAN EYE  
IN ANATOMICAL TRANSPARENCIES



EXPLANATORY TEXT

*Peter C. Kronfeld, M. D.*

DIRECTOR OF EDUCATION, THE ILLINOIS EYE AND EAR INFIRMARY  
ASSOCIATE PROFESSOR OF OPHTHALMOLOGY, THE UNIVERSITY OF ILLINOIS  
ASSISTANT PROFESSOR OF OPHTHALMOLOGY, NORTHWESTERN UNIVERSITY

ANATOMICAL TRANSPARENCIES

*Gladys McHugh*

MEDICAL ILLUSTRATOR, UNIVERSITY CLINICS  
THE UNIVERSITY OF CHICAGO

HISTORICAL APPENDIX

*Stephen L. Polyak, M. D.*

PROFESSOR OF ANATOMY, THE UNIVERSITY OF CHICAGO



BAUSCH & LOMB PRESS • ROCHESTER, NEW YORK





FIG. 1  
FRONT VIEW OF THE  
RIGHT EYE AND ITS  
SURROUNDINGS

The anterior aspect of the eyeball is protected from injury by two curtain-like structures, the upper and the lower lids. The aperture between the lids, which is known as the palpebral fissure, is approximately almond-shaped when "the eye is fully opened." The corners of the palpebral fissure are called the canthi (medial and lateral); they are bordered upon by the lid commissures (medial and lateral, 5 and 4). The lids close periodically to sweep the eyeball clean and keep it moistened with tear fluid. Most of the tear fluid produced evaporates from the portion of the anterior surface of the eyeball which is exposed in the palpebral fissure.

FIG. 2  
SIDE VIEW OF  
RIGHT EYE SHOWING  
TEMPORAL REGION

Directly under the thin and delicate skin of the lids lies a layer of very loose and elastic subcutaneous tissue. Then follows the muscular layer, represented by the lid-closing orbicularis muscle (7) which sweeps through both lids in an almost unbroken circuit and extends beyond their boundaries down into the cheek and laterally into the temporal region. The anterior fleshy termination of the scalp muscle is encountered on the forehead as the frontalis muscle (8) whose fibers are closely interwoven with those of the orbicularis. Contraction of the frontalis affects raising of the eyebrows and of the upper lids as, for instance, in the registration of surprise.

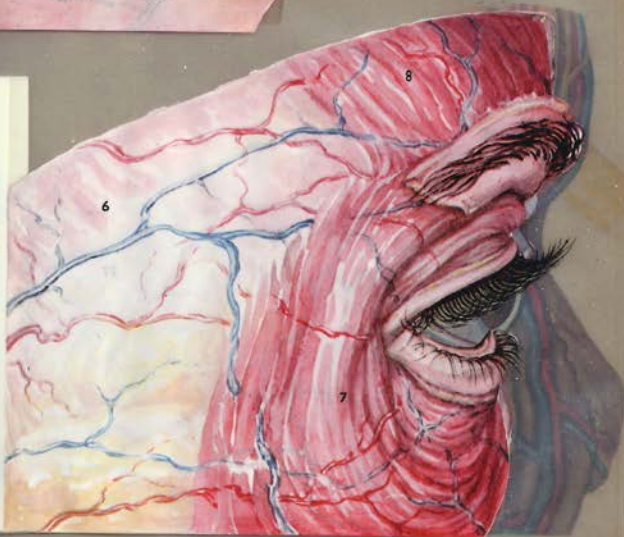


FIG. 11  
BACK VIEW OF THE LIDS

Shining through the transparent conjunctiva are the tarsi and the tarsal glands. The oily secretion of these (Meibomian) glands is discharged through pinpoint orifices onto the lid margins where it helps to keep the tear fluid within its normal bounds. Near the left end of each lid margin is a larger hole, the puncta lacrimalia (65) through which the excess tear fluid enters the drainage system. Above the lateral lid ligament (60) the lacrimal gland (G) is shown from behind with some of its ducts emptying on the inner surface of the conjunctival lining of the upper lid. At this level of the dissection the levator of the upper lid is sectioned through its muscular body (45) and through the beginning of its rapidly broadening tendon.

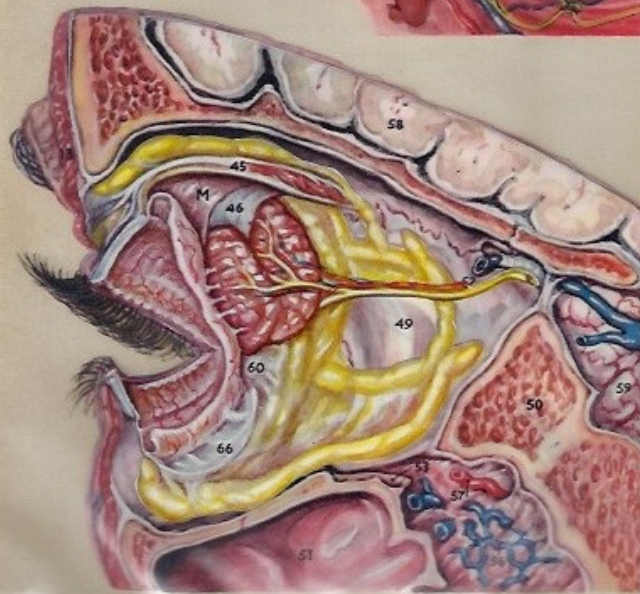
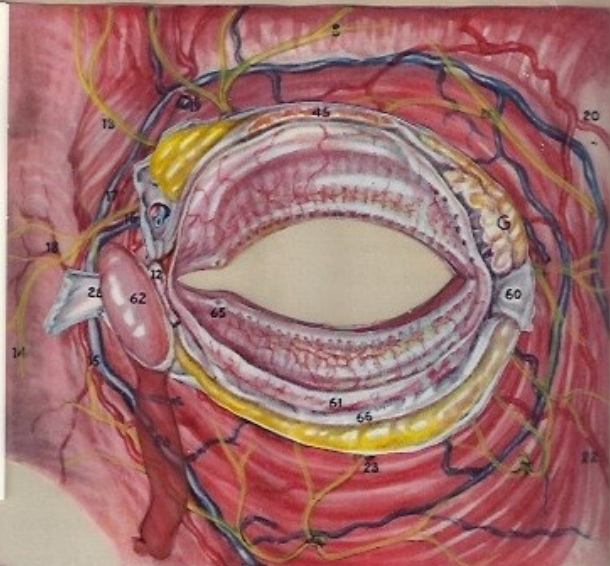
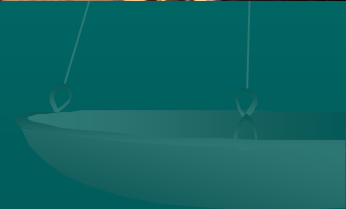
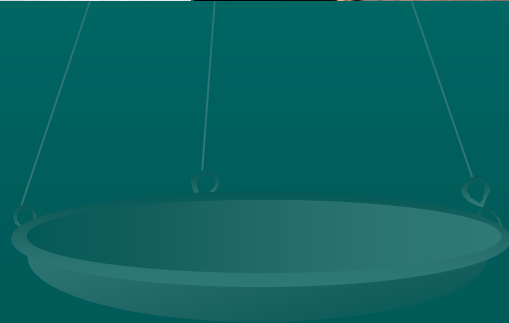


FIG. 12  
LATERAL HALVES OF LIDS  
VIEWED FROM WITHIN

The conjunctiva, a delicate mucous membrane, is continuous at the margins with the skin, forming the lining of the lids (being firmly adherent to the tarsus), and doubled loosely upon itself in the region known as the fornix. The fornix finally attaches itself (cut edge) to the anterior surface of the globe, terminating at the corneo-scleral border. Thus the "conjunctival sac" is formed, the entrance of which is the palpebral fissure. The fornices provide the amount of slack necessary for rotations of the eyeball. The levator muscle (45) transformed into its aponeurosis and finally into fibrous strands, terminates in the skin. Under aponeurosis lies the thin muscle Mueller (M) which connects the levator with the upper tarsus.

# Phillips Thygeson, M.D.

## 1903 - 2002





ARTICLE | April 1939 TREATMENT OF TRACHOMA  
WITH SULFANILAMIDE POLK RICHARDS, M.D.;  
WESLEY G. FORSTER, M.D.; PHILLIPS THYGESON,  
M.D. *Arch Ophthalmol.* 1939;21(4):577-580.

*doi:10.1001/archopht.1939.00860040015001*

ArticleReferencesCommentsAbstractABSTRACT /  
REFERENCES

*In February 1938 Dr. Fred Loe, of Rosebud, S. D., notified us of his successful treatment of trachoma in Indian subjects with sulfanilamide, the details of which he has recently published.<sup>1</sup> Favorable results were also reported by Lian.<sup>2</sup>*

# TRACHOMA MANUAL and ATLAS

U. S. Department of Health, Education, and Welfare  
PUBLIC HEALTH SERVICE

May 30, 1980  
For Lester Caplan wishes  
with all good wishes  
Phil Thygeson

## TRACHOMA MANUAL and ATLAS

**Phillips Thygeson, M. D.**

Consultant, Division of Indian Health  
Director, Francis I Proctor Foundation  
for Research in Ophthalmology  
Professor of Ophthalmology  
University of California School of Medicine  
San Francisco, California



U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Division of Indian Health

# Personal note from Phillips Thygeson to Les Caplan

## May 30, 1980

PHILLIPS THYGESON, M.D.  
P. O. BOX 622  
LOS ALTOS, CALIF. 94022

May 30, 1980

Dear Les: It was so good of you to write. The Indian Health Service <sup>award</sup> was a delightful surprise but must be shared with all the others who have worked so hard in Indian Health.

It has been so nice to have had your friendship over these many years. Ruth Lee tells me you will be in San Francisco again soon. We must see you and your good wife here in Los Altos. Please let us

know ahead of time. Our home phone is 415-948-2500

I am returning the traditional manual duly signed!!

I have certainly enjoyed my Indian Health Service contracts since 1928. Time does fly!

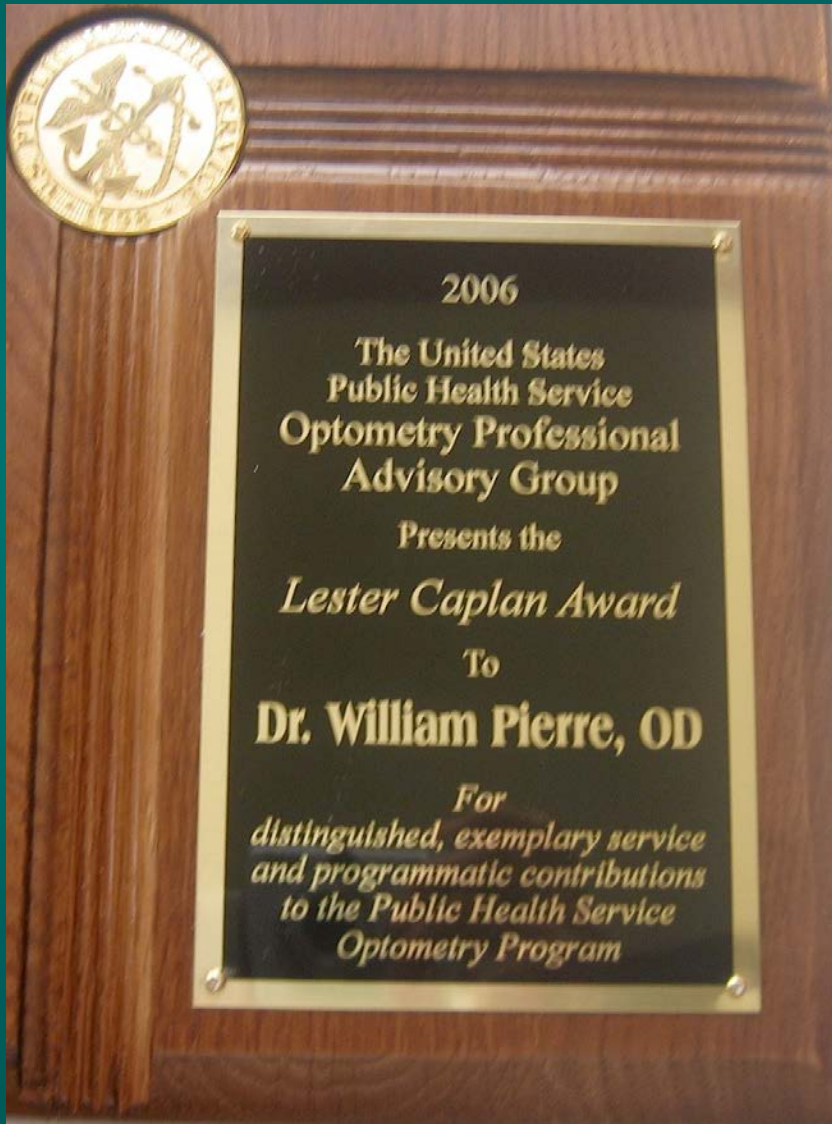
Ruth Lee joins in sending you and your wife our best wishes. We hope to see you both soon.

Sincerely

Phil T.



# Optometry Professional Advisory Group Establishes the Lester Caplan Award to be Presented to Civil Service or Tribal Hire OD for Distinguished Service



Dr. William Pierre  
with Dr. Les Caplan



**Jim Cox , M.D.,  
Richard Hatch O. D.**



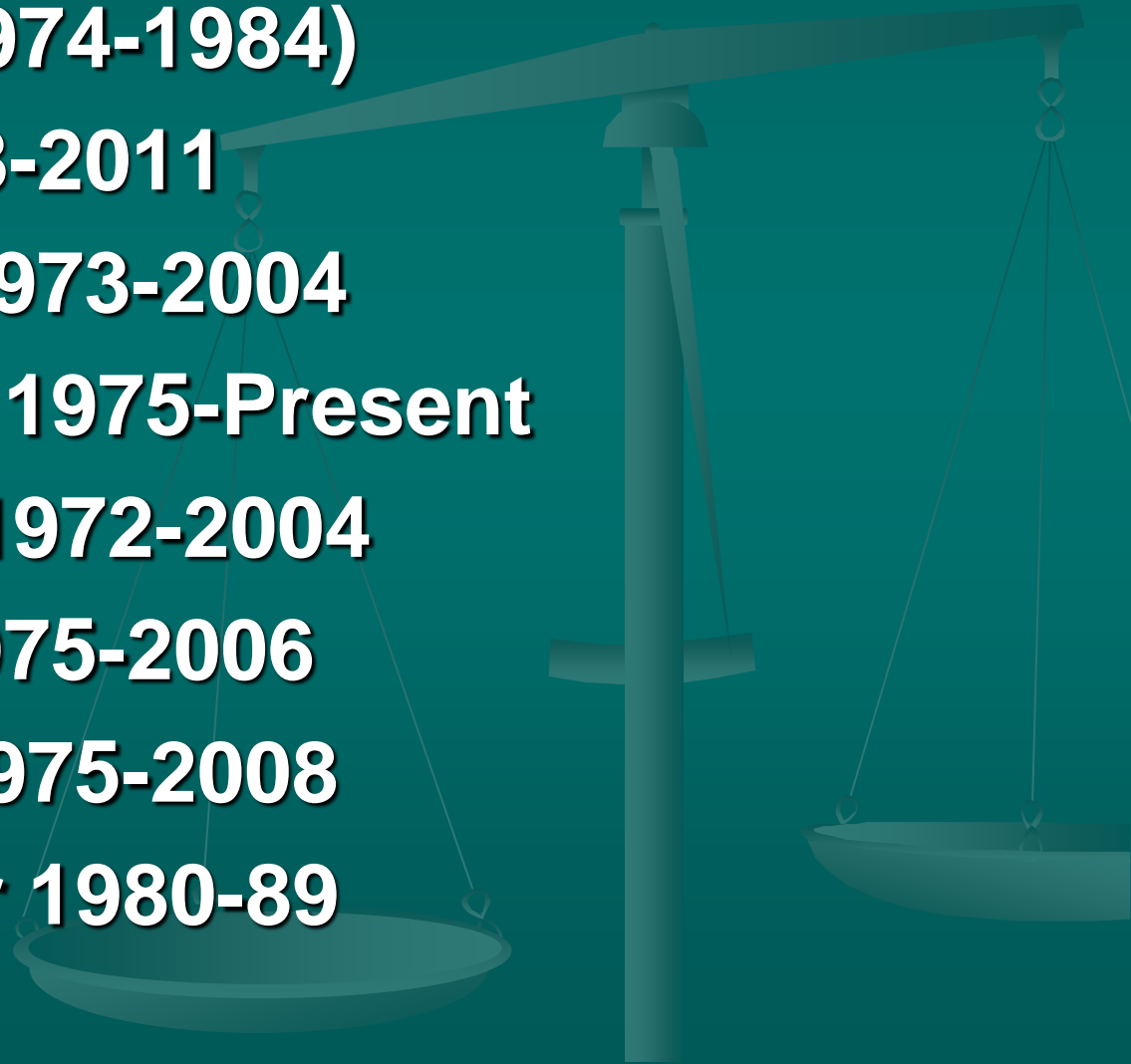
**Gallup Eye Care Team  
2006**





# Caplan's Heroes

- Ed Hawkley 1971- 1990
- Ed Hamilton 1974-1984)
- Siu Wong 1978-2011
- Gary Pabalis 1973-2004
- Richard Hatch 1975-Present
- Jim Langford 1972-2004
- Jim Hughes 1975-2006
- John Garber 1975-2008
- Norma Bowyer 1980-89





John Garber, & Richard Hatch  
With SCCO Pres. Les Walls  
IHS Eye Care Meeting 2006



Richard Hatch with Navaho  
Patient



# John Garber



# Norma Bowyer





# Caplan & Pabalis 1975 - 2000





# Caplan, Garber, Pabalis, Hatch 2006



# Hatch, Garber, Caplan, Pabalis, Strand





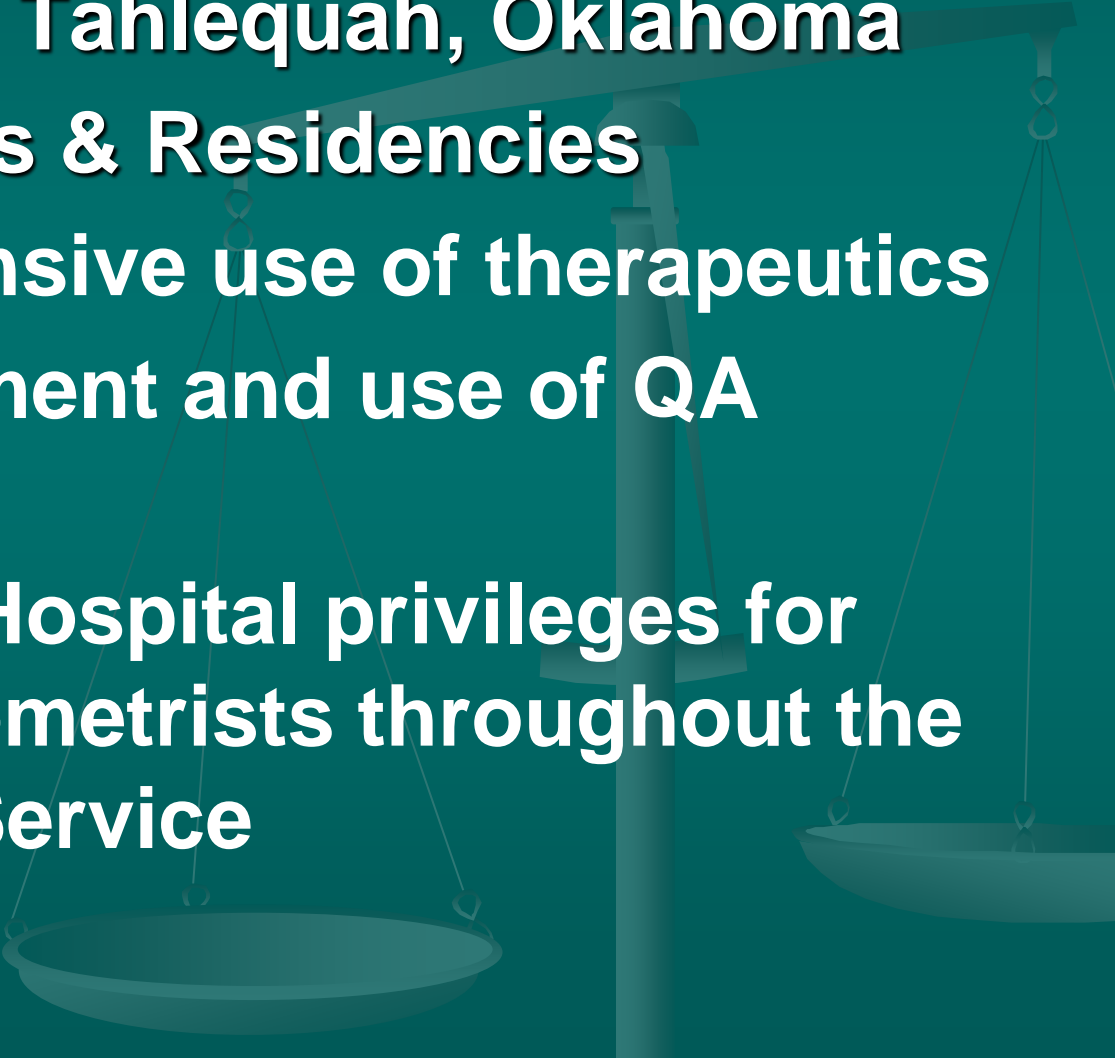




# IHS Eye Care Team 2004



# **IHS Optometry Impact on Profession**

- **On Schools & Colleges of Optometry**
    - **NSUOCO – Tahlequah, Oklahoma**
    - **Externships & Residencies**
  - **Early and extensive use of therapeutics**
  - **Early Development and use of QA Programs**
  - **Attainment of Hospital privileges for many IHS Optometrists throughout the Indian Health Service**
- 

# **IHS Optometry Impact on Profession**

## **■ On Schools & Colleges of Optometry**

### **1. NSUOCO – Tahlequah, Oklahoma**

**Planning Stage - Caplan/Pfeiffer meetings  
about co-managed School/IHS Clinic**

**Development Stage – Convincing IHS  
officials of mutual benefits of including  
an Optometry School Clinic within the  
confines of the newly planned hospital**

**Construction & opening of W.W. Hastings  
Indian Health Hospital in time for  
NSUOCO first in-house clinical rotations**



# W.W. Hastings Indian Health Hospital



# **IHS Optometry Impact on Profession**

## **■ On Schools & Colleges of Optometry**

### **2. Externship Programs**

- **1972 received request from Dean Charles Abel (SCCO) asking about funding for students to provide eye care services at California Reservations. Advised no funds available and besides, California Reservations not included in IHS services to Native Americans**
- **1975 Two students from PCO assigned to Rosebud reservation in Aberdeen Area**

# **IHS Optometry Impact on Profession**

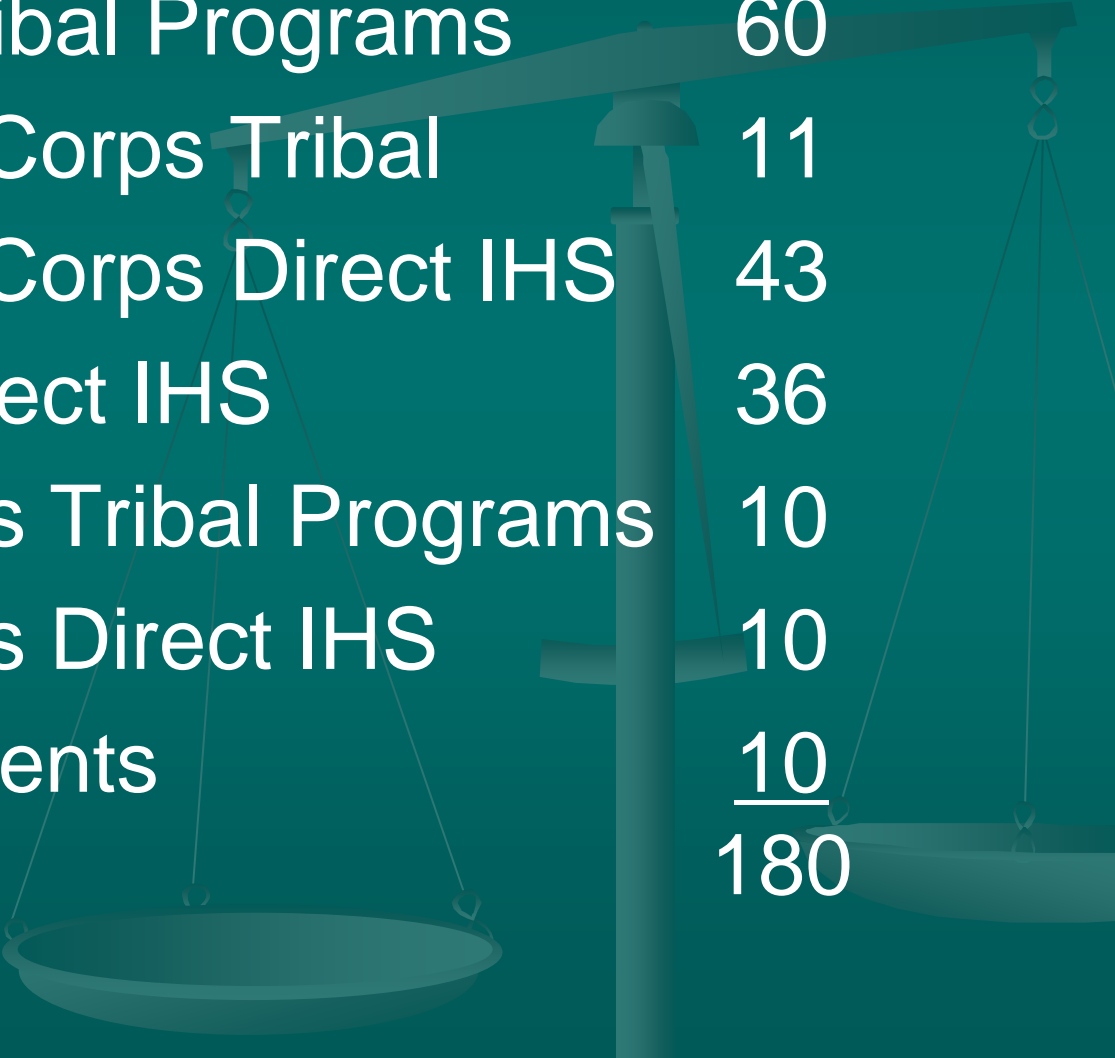
## **2.Externship Programs (cont.)**

- **From 1975 to 1981 there were over 250 externs who rotated through Aberdeen Area alone**
- **By 1980 twelve of the 15 schools of optometry were sending student externs into 7 of the 8 Indian Health Service Areas on 1-12 week rotations**
- **On a personal note - UABSO from 1990 - 2006 had over 40 externs at IHS facilities, a few IHS Residencies and some joined the PHS as in-service optometrists**



# IHS Optometry Today 2014 FY

## Full-Time Optometry Positions and Residents



■ Employed by Tribal Programs	60
■ Commissioned Corps Tribal	11
■ Commissioned Corps Direct IHS	43
■ Civil Service Direct IHS	36
■ Vacant Positions Tribal Programs	10
■ Vacant Positions Direct IHS	10
■ One Year Residents	<u>10</u>
Total	180

# **IHS Optometry Today 2014 FY**

## **Interesting Numbers & Facts**

- **Externship Rotations** **98**
- **Affiliated Schools of Optometry** **12**
- **Total Eye Care Encounters** **352,805**
- **1969 – 5 ODs, 8 Ophthalmologists**  
**2014 – 150 ODs, 11 Ophthalmologists**
- **Gallup Indian Medical Center – When last Ophthalmologist retired in 2014, replaced by OD. Optometrist is Chief of Eye Care for the Service Unit (Dr. Brian Culligan)**

# Thank You for All Your Help

- Joel Abraham
  - John Amos
  - Mike Beckerman
  - Norma Bowyer
  - Michael Candreva
  - Dawn Clary
  - John Garber
  - Richard Hatch
  - Kirsten Hebert
  - Jim Hughes
  - Larry Jebrock
  - Jim Langford
  - Richard Lippman
  - Jerry Melore
  - Gary Pabalis
  - Marvin Pachman
  - Al Schmeirer
  - Paul Owens
  - Randall Thomas
  - Jon Volovick
  - Siu Wong
- 

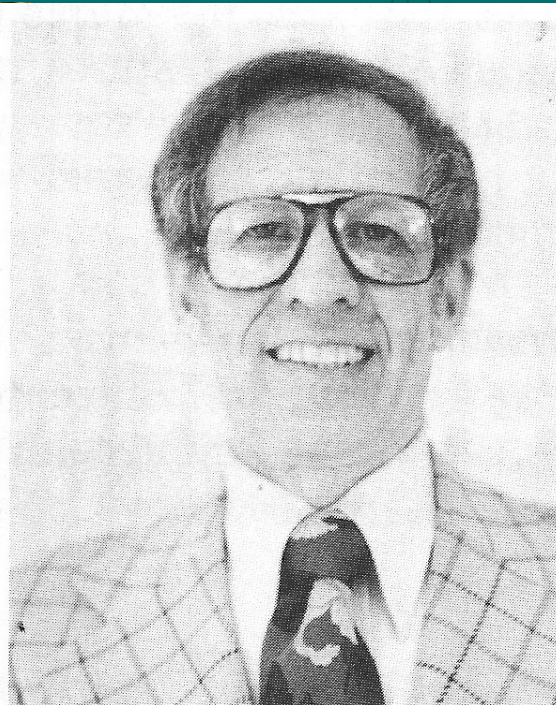


**For those of you who tell me  
that I never change, proof  
positive that it's not true**

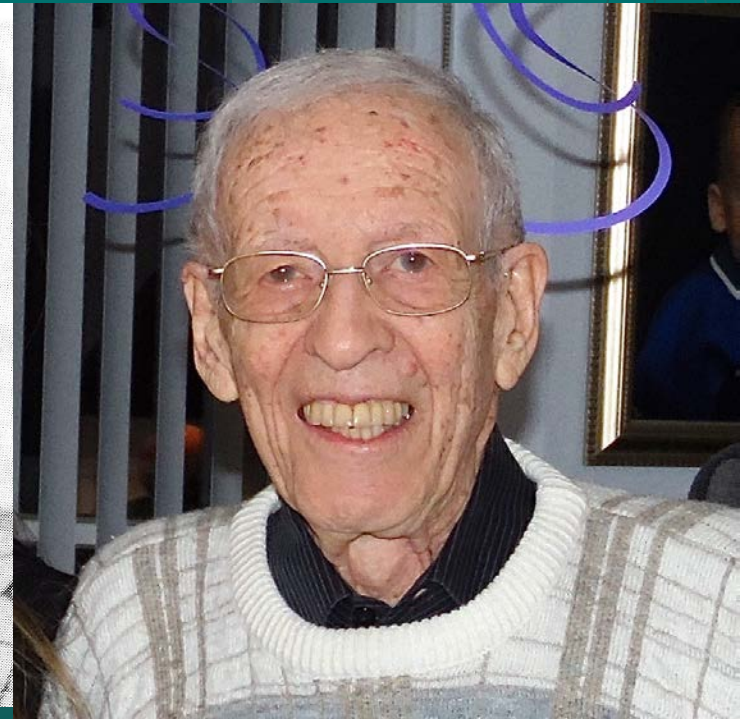
**1927**



**1977**



**2014**



# Contact Information

**Lester Caplan, O.D., M.Ed., F.A.A.O.**

**Phone: 410-484-6373**

**Cell: 443-960-2300**

**Email: [Lcacc@comcast.net](mailto:Lcacc@comcast.net)**

**Email: [baltoeyedoc@icloud.com](mailto:baltoeyedoc@icloud.com)**

