

The Foundation of the American Academy of Ophthalmology
Museum of Vision & Ophthalmic Heritage

Conversation Between Bradley Straatsma, MD and David Noonan
In Partnership with StoryCorps, San Francisco CA, October 25, 2009

Dr. Bradley Straatsma and Mr. David Noonan recorded this conversation on October 25, 2009 during the Annual Meeting of the American Academy of Ophthalmology, in San Francisco CA.

Dr. Straatsma is a retina specialist from Los Angeles and Mr. Noonan is the former Deputy Executive Vice President of the American Academy of Ophthalmology in San Francisco.

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In this [excerpt](#), Dr. Straatsma discusses his role in establishing the Basic Clinical Science Course (BCSC).

Here Mr. Noonan [discusses](#) the merger of the American Academy of Ophthalmology with the American Association of Ophthalmology.



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DAVID NOONAN: My name is David Noonan, 71 years of age. Today is October 25, 2009. I'm in San Francisco, California, speaking with Dr. Bradley Straatsma, friend and colleague of almost 30 years.

DR. BRADLEY STRAATSMA: My name is Bradley Straatsma, age 81. Today's date is October 25. We are meeting in San Francisco. I've had the good fortune of knowing Mr. Noonan for 30 years and enjoying every one of them.

DR. STRAATSMA: Dave, how did you get started with the Academy? Or should we go back earlier than that?

NOONAN: I think we go back earlier than that. I think I owe my Academy background entirely to a bad back. A bad back, because I was a hospital administrator in Iowa City, Iowa, and a member of our staff was an otologist by the name of Michael Kos. Mike had a unique back problem, I think, from leaning over microscopes too often in these years. He needed a hospital bed for his home, and in those days, you couldn't get one off the Web like you can today. So, I, as a hospital administrator, was able to secure a hospital bed for him to use in his home. We built a friendship for a number of years upon that.

Now, when I transferred from the hospital, Dr. Kos came into my office and said to me, 'David, why are you leaving the hospital?' He said, 'I've just taken this job at the American Academy of Ophthalmology and Otolaryngology, and I would love to have you come up and be my assistant.' I said, 'Mike, I am sorry. I can't do it. I've taken a job at the University of Utah College of Medicine, and I have a small faculty appointment there to help with the Regional Medical Programs.' He said, 'Well, I'm sorry. We'd like to work with you. But if you ever change your mind, let me know.'

Well, I was at the University of Utah for almost three years, and then I came back to the University of Iowa College of Medicine doing much the same work, when my former wife walked into Dr. Kos on the street, and they shared a conversation with one another. Mike said, 'Well, you tell David that I'd be very interested... if he's still interested in the job, coming up to Rochester, Minnesota,' where he was still the EVP for the American Academy of Ophthalmology and Otolaryngology. I was at the University of Iowa, in such a milieu that within three years of being there, two of my colleagues committed suicide. It was a dark, strange place in which to work and when Dorothy came home and told me of the conversation with Mike, I was on the phone to Mike in about 20 minutes. That's how I began my work at the American Academy of Ophthalmology and Otolaryngology.

DR. STRAATSMA: Wonderful story. It shows the importance of chance and serendipity and uncertainty. Frankly, that's been a guide for much that's happened to me, as well.

NOONAN: Now you came out of Michigan, born and raised in Michigan, went to College at Yale.

DR. STRAATSMA: Went to medical school at Yale, and it was in my senior year at medical school that I was torn between ophthalmology and plastic surgery, uncertain about which field I would like to go into after I graduated from medical school. My father was a prominent plastic surgeon and he offered to arrange for me to spend one day with the Chairman of Ophthalmology at Harvard and one day with the Chairman of Plastic Surgery at Harvard.

NOONAN: Who were these individuals?

DR. STRAATSMA: Dr. Edwin Dunfey and Dr. Kazanjian, Ophthalmology and Plastic Surgery, respectively. And that's exactly what I did. After those two one-day experiences at the nearby city of Boston and the Harvard medical system, I concluded that there were greater opportunities for investigation and research and intellectual excitement in ophthalmology. That began my pathway indirectly to the Academy, because I became an ophthalmologist.

NOONAN: I noted, in looking at your CV, that your first paper had to do with skin. I think that was very early in your medical career, and that must have been a senior program in medical school. Is that possible?

DR. STRAATSMA: No, it's even earlier than my senior year. My interest was in plastic surgery from childhood, and so I began looking at things that were near the surface of the body because burns and cosmetic disfigurement are often skin or soft tissue problems. So I wrote that paper as a first-year medical student. And then I wrote another paper in medical school with my father on the cartilages of the nose, because I thought rhinoplasty would be a great career. I remember going to Atlantic City, New Jersey, to deliver this paper at the American Association of Plastic and Reconstructive Surgery, and I arrived feeling very important. I got into a taxicab and said casually, 'What's happening here?' The taxi driver said, 'Not much. Just a bunch of plasterers in town.'

NOONAN: Plasterers!

DR. STRAATSMA: True story. With that, I felt right back down to earth. But the story led to ophthalmology and a wonderful relationship with Dr. Algernon Reese, who was president of the American Academy of Ophthalmology and Otolaryngology. He became one of my really critical mentors. I had a fellowship with him right after medical school before going into the military service and worked with him when I returned to Columbia University as an ophthalmology resident. He became a very, very fine role model, friend and mentor to me for a number of years.

NOONAN: That was a question that I formulated to ask you in our conversation about leadership. Your career was filled with many, many leadership roles. I'm just going to ask you who your principal leadership mentors were. Algernon certainly is a name that I recognize and must have been an extremely charming man. I've heard some wonderful stories about this individual for years.

DR. STRAATSMA: You're very insightful, David, and he was a charming but also extraordinarily capable Southern gentleman who made major advances, and probably was the father of ophthalmic oncology in the United States. His textbook really contained the first critical and comprehensive

information on the subject of ophthalmic oncology. Other mentors: I was fortunate to have a fellowship with Dr. Lorenz Zimmerman, who became a Laureate at the Academy and is a wonderful role model for every person. A third would be Dr. Edward Maumenee, because I was a fellow at Wilmer and he became someone who I learned to admire and respect very much.

NOONAN: Now, missing from that lexicon of leadership, you have to talk a little bit to me about Jules Stein. I mean, that individual must have helped you understand lots of leadership questions.

DR. STRAATSMA: Well, I realized as I finished my paragraph about ophthalmic mentors, I had omitted Jules Stein because he was in a different phase of my life and a different context. But you're absolutely correct, I learned more from Jules Stein than from any single person with the possible exception of my wife, who teaches me everyday.

Jules Stein was extremely brilliant. The story of his career from a musician to becoming an extremely skilled ophthalmologist and being torn between pursuing ophthalmic practice with Dr. Harry Gradle in Chicago and continuing to book musical groups as a band leader was something that he struggled with for more than a year. He describes, actually, refracting patients while he was working on the telephone to book a band for the weekend affairs. He finally decided to take a leave of absence from ophthalmic practice, and it was a leave of absence, not a termination. He was walking down Michigan Avenue in Chicago, and he passed a sign that said, 'Radio Corporation of America,' which later became RCA. He said, 'That's a great name.' He was on his way to incorporate a company which was called Music Corporation of America, that became MCA, the largest entertainment conglomerate in its era.

NOONAN: I remember years ago you were recounting a story to me that he knew every morning the stock value of MCA to the penny, and that this was a man who really understood business.

DR. STRAATSMA: Very much to your point is the fact that when he entered the business world, he changed his name from Dr. Jules Stein to Mr. Jules Stein. He did that because he said, 'No one in business would respect a doctor.' I recall many, many years later walking into a hospital room with,

then, Mr. Jules Stein, and he walked up to the side of the bed of a patient and he suddenly said, 'I'm Dr. Jules Stein.' And from that point on, he reverted back to being Dr. Jules Stein after more than 30-, 40 years of being Mr. Jules Stein.

NOONAN: It took that one patient interface.

DR. STRAATSMA: That one patient interface was critical—a wonderful story and absolutely, to my knowledge, genuine.

NOONAN: Oh, I believe it, I believe it.

DR. STRAATSMA: David, go back to the Academy. You started then with Dr. Kos. I will say Mike Kos. And this was in Rochester. Tell me a little bit more about what happened thereafter.

NOONAN: Well, Mike Kos was an interesting and generous man, in that his responsibility with the Executive Secretary in those days—the title was Executive Secretary—he was the Executive Secretary for the American Academy of Ophthalmology and Otolaryngology.

Now, Mike was a noted otologist, who participated with Dr. Howard House, a fellow Angelean, who developed a veinous stapes operation. That's where the ossified stapes of the ear was removed and a small piece of the vein from wrist was implanted. These patients, who had their middle ear bones frozen for years, were suddenly freed, and on the operating table they heard for the first time in 20 or 30 years. Mike was very heavily involved in that development of that procedure.

He worked in his office from Monday morning until Thursday night in Iowa City, Iowa. He would get on the plane on Thursday night. He would fly to Rochester, Minnesota, and on his desk would be three piles of stationary. There would be the mail that he had to read that night, there would be the mail that he would manage the next two nights, and finally the mail that he probably never got to because it was catalogs and material like that. He would spend the entire weekend, until Sunday night in Rochester or Sunday night he would be on the plane and would fly back to Iowa City, Iowa and begin his practice again. He did that for almost five years before I came on

the scene. He would work faithfully night after night, after night. He got well-known by the airline... I think it was Eastern Airlines had a flight up to Rochester. They knew him by name. He got well-known by the cab drivers in Rochester, because he was back and forth week after week after week.

Later in his life, he bought a boat. Mike loved boats. The Mississippi River has a midstream lake, Pepin Lake, which was about 45 miles from Rochester, and Mike would commute from his boat. He would bring the boat up in the summertime, and his wife, Dorothy, would come up and they would live on the boat and he would commute back and forth. He would still go back to Iowa City to practice, but he spent the summer on the boat.

Mike was a gracious individual, a lot of fun to be around, but always very, very careful. I remember the first time that I met you as a new employee of the Academy in 1972, it was a meeting of our Committee of Secretaries in Dallas, Texas. And Mike had just taken the position a year before, and he was considered a renaissance man because he provided an agenda for meetings. His predecessor, Dr. William Benedict, was famous for the fact that when he would hold board meetings, he would walk in with one piece of paper and sit at the end of the table and no one else had a piece of paper in front of him. They had no idea what was going to be on the agenda. These are apocryphal stories that I've subsequently documented with other individuals who were in that era. But Mike was considered a real breakthrough leader, in that he brought everybody an agenda and there were actually support materials. So you could make a decision, based on a few more facts other than those that were being provided to you by the Executive Secretary.

DR. STRAATSMA: What a wonderful experience and also an indication of how much things have changed. A few minutes ago, I walked out of a meeting with several executives who were the CEOs of ophthalmic industry companies, and they were carefully checking their Blackberries conveniently during the meeting. So we've changed the way we deal with information.

You mentioned Dr. Howard House, and I would like to pause for a moment and tell you how much I have admired Howard. He, of course, was from Los Angeles, a very prominent and skilled, and cordial physician-scientist. His patients were extremely fond of him and he developed a major institute

in Los Angeles, known as the House Ear Institute, that I think is just as qualified as anyplace in the world today to provide care in otology. He was very active in the American Academy of Ophthalmology and Otolaryngology as well. I'm very happy to hear that he was a close friend of Dr. Michael Kos.

NOONAN: Was he... is that a change of name from the Tracy Clinic, or are they affiliated? It's two different institutions?

DR. STRAATSMA: I happened to care for members of the Tracy family, so I know a little bit about that story. The Tracy Clinic is separate from the Howard House Institute but they have worked closely together through a kind of cordial relationship that can only happen in a city where people enjoy being together and working together. The Tracy Clinic is still active in providing care for people who have needs in otology and cannot afford it. They are still providing money for research and have an endowment and program that is active to this day, just as the House Institute has a very well-qualified group of otologists working today.

NOONAN: Is my memory correct that Howard was the otolaryngologist that preceded you as president, or was that...?

DR. STRAATSMA: Yes.

NOONAN: Well, I thought immediately preceded you.

DR. STRAATSMA: That was something that we both enjoyed, because we had been friends in Los Angeles for a number of years. The city had an ophthalmology, otolaryngology organization that met each year and had social, as well as professional activities, so that I did know Howard very well, long before we both became involved in the American Academy of Ophthalmology and Otolaryngology.

NOONAN: Let's go back. We're getting a little bit ahead of ourselves into your respective presidency. Let's go back a little bit to your role as Secretary for Continuing Education of the then Academy of Ophthalmology and Otolaryngology.

DR. STRAATSMA: I would enjoy chatting about that because it was a time of change. I was invited by Dr. Edward Maumenee to join the Board of the American Academy of Ophthalmology and Otolaryngology as the Secretary for Public Relations. My official title continued to be the Secretary for Public Relations for several years. There was no other title on the table of organization. But the function was to be the first Secretary for Continuing Education. The nice thing about that story is that it was possible to attract a very competent, very delightful group of colleagues who have remained major forces in the American Academy of Ophthalmology through the remainder of their careers. For example, the first member that I brought into the committee I started was Dr. Bruce Spivey. Bruce is a lifelong friend with whom I had lunch as recently as today at a board meeting, and someone who I always enjoy meeting. He was the Executive Vice President while you and Bruce worked together on a daily basis for a number of years, and I think he put in place many of the fundamental programs of the American Academy of Ophthalmology.

Now, other members of that group were Dr. Robert Reinecke, Dr. Mel Rubin, Dr. Paul Lichter, all of whom subsequently were secretaries in the American Academy of Ophthalmology and later presidents of the American Academy of Ophthalmology. In addition, there was Dr. David Paton, who was a Secretary for Continuing Education, before taking an international position that moved him just a little bit away from the Academy for a number of years. I'm delighted he is now back on the Board of the Foundation of the American Academy of Ophthalmology. Another member was Dr. Paul Henkind, who became the first editor of the new journal of the American Academy of Ophthalmology, known simply as *Ophthalmology*.

But the importance was in working with a group of talented and committed individuals in education. It was an extraordinary opportunity, because we shared ideas, goals and yet each one of us then took one or more separate programs as responsible options to develop, and in that way we worked together and worked individually in what I thought was an extraordinarily collegial and effective manner.

NOONAN: Well, you are credited, rightly so, by those colleagues as the individual that conceived what is known as the Basic and Clinical Science course of the American Academy of Ophthalmology, which for years has

been the seminal training tool for Residents in this country. Tell me a little bit about how you arrived at that decision to put that product together for the Academy.

DR. STRAATSMA: Probably a bit of serendipity and a bit of good luck. But I think I can share with you what I've come to conclude as the principles that were important. Education was changing and I was, at that point, a department chairman at the University of California in Los Angeles, and, therefore, much aware of the fact that ophthalmology was moving into areas of specialized knowledge related to different tissues and different parts of the eye, such as cornea, retina, ophthalmic plastic surgery, etc. At the time that I was invited to take on the role of Continuing Education in Ophthalmology, the Academy had what was called a Home Study Course, which was a group of essay questions that could be distributed to people who wished to take the course. They would literally write out in long-hand, the answers, mail these in, and the faculty would read the answers and make comments about either errors or omissions in the essays that were provided. Clearly, that was not something conducive to expansion.

With Dr. Robison Harley, who was the last Chairman of the Home Study Course, Dr. Spivey and I made a transition to what was called the Ophthalmology Basic and Clinical Science Course, with separate sections for each of the important components of ophthalmology. I recall very well Dr. Spivey and I traveling one weekend to Texas to spend the weekend with Dr. Whitney Sampson as we wrote the first, and I might say, also, the final draft, of the first section of the first-year's course in which Dr. Sampson had been invited to be the Chairman of Optics and Refraction. We began with a basic outline of what the knowledge base at that time was for ophthalmology, but we also installed a faculty of volunteer ophthalmologists from the highest levels of the profession that rotated so that each one had a four- or five-year term, and at the end of that term became chairman for a year and then rotated off.

In the several decades since this started, the faculty of ophthalmologists who volunteered their time, their energy and their ability have created what is truly the knowledge base of ophthalmology in the world today. David, you had so much to do with this because these things don't just happen. It takes a staff and an organization that is prepared to take the materials, make them

look like they're a part of the whole, rather than individual contributions, edit them in a cohesive, consistent manner, put them into volumes, give them an identity and help them become really the knowledge base. But before you tell me how you did that, let me just go on and say that the BCSC truly is the knowledge base for the programs of ophthalmology training in the United States, most other English-speaking countries in the world, and even in countries that we don't think of as truly, primarily English-speaking. How did you get the process from a group of doctors who were volunteering into a homogenous course?

NOONAN: Well, the beautiful thing about those very same volunteers was the fact that they husband these projects and that the staff members were given documents, they were given materials to edit. But there was this constant byplay back and forth between staff and physician, and the respect between those two groups constantly in terms of, 'Yes, there is a better way to say this. This is perhaps the better way.' 'No, I like the scientific principle. You can't say it that way.' That interplay back and forth, and the staff that was respected by the physicians and vice versa, that allowed those things to come together. Then there was a matter of printing and then there was a matter of marketing, and then it was a matter of letting people know that it was there and getting people to use them. But it was that interplay that allowed a mutual respect between physician and the non-physician staff that exists to this day that allowed that program and subsequent programs that we'll talk about later to be very, very successful—the interplay.

DR. STRAATSMA: But the interplay was guided by you as the chief of the staff, so that they knew how in a consistent, reliable, quality way to convert perhaps handwritten or typewritten notes into printed volumes that had an index, a table of contents, illustrations and authority to use those illustrations from publishers and so forth.

NOONAN: Well, I had a secret weapon. The secret weapon was the ability of the physicians, volunteers, to say thank you to the staff. And my job was always made easier when physicians would go out of their way to say, 'You know, this was well done. Thank you, we couldn't have done it without you.' And that was always my secret weapon at the Academy, the recognition by the physicians, because the staff warms to that recognition.

DR. STRAATSMA: Well, the Basic and Clinical Science Course was one of the programs that came out of that small group of continuing education leaders. Other things led to the first video programs of the Academy. We also put in place, as part of the Academy, an annual examination for ophthalmology residents. It was called an assessment, but it was really an examination that was used to help each ophthalmology resident in training know how they were learning and what their knowledge base was compared to others in the country. It wasn't meant to say one was better than the other. It was meant to help each one know that they were progressing in a reasonable rate to the educational program in comparison to others at their same grade level. Dr. Melvin Rubin was truly the inspirational leader and organizer for that program, just as Bruce and I worked on the Ophthalmology Basic and Clinical Science Course.

NOONAN: Mel, too, was a successor president within the Academy. There seems to be a pattern here, Brad. If you do well in education, you have leadership roles for the future in the Academy. Is that true?

DR. STRAATSMA: I hope so. I think that is the one enduring product of the American Academy of Ophthalmology that has been at the forefront of the respect the organization has rightfully earned from physicians throughout the world.

NOONAN: I want you to know that part of my role orienting new staff members to the Academy, even to this day, is the fact that I tell them that the Home Study Course grading process was done on a certain table that still stands in the Academy's offices. And I point at that table, and I say, 'That's right there where people sat around and graded those Home Study Courses.' And for new staff members who have no appreciation for the history of the Academy and the history of ophthalmology, that's a way that I can kind of bring it back home with the people that they're sitting around, is the table that those papers were graded on.

DR. STRAATSMA: Well, I did not know about that, and I'm delighted to say someday when I visit again the American Academy office, I will look for that table.

NOONAN: It's there.

DR. STRAATSMA: But it shows how much education has changed and is changing.

But go back. We are getting ahead of ourselves. There was a growth of knowledge that came about through the many contributions of science and the development of the National Institutes of Health in this country and the communication worldwide. I think that put in place a process of evolution from an organization that represented ophthalmology and otolaryngology in a very fine ethical, scientific and collegial way into two organizations that represented the two groups separately. Now, how do you view that sort of process? It was something I'd like to hear your statements on.

NOONAN: Well, for those who are familiar with the old Academy of Ophthalmology and Otolaryngology, its annual meeting each year, the morning sessions for the large scientific hall were reserved for ophthalmology, while, at the same time, all of the instruction course rooms as many as 900 hours of instruction course rooms were occupied by the otolaryngologists, and in the afternoon that flipped. And so there was a perception as early as the early 60s that space alone was putting pressure on the learning capacity of the individuals attending the annual meeting, and that more space was needed. And as the flipping back and forth each year that of scientific session and the instruction course times, the courses simply got too crowded. There were too many people. We took over the largest city we could in the United States for the annual meeting. There was still not enough space.

But the real reason was that the training base from back to 1913 with the first Board of the American Board of Ophthalmology which was followed five years later by the American Board of Otolaryngology, the training base of the physicians were beginning to separate. Up until that time, they were the American Academy of Ophthalmology and Otolaryngology. And you, as a child, went to the EENT specialist, as did I. The training base began to diversify. And so the common sense of the two groups staying together was beginning to get tested. People were saying, 'Wait a minute, we don't have enough space. We need more space.' And were no longer trained on a similar track, and so it was important that the separation take place. As we were recounting earlier, in about 1974, a group of ophthalmologists

presented to the Academy a series of resolutions at their business meeting that it ought to be considered that the organization divide into the two. Now, that was kind of a bomb at the time. It wasn't expected, but the very common sense of that resolution, and then we went through a whole series of legal requirements. As I talk about Mike Kos, the character of this man, the Academy at that time was an unincorporated association. The Painters Union in Minnesota tried to divide itself. And the law held that if you were unincorporated, anybody who was left standing could appreciate the assets that were left behind. And there were people that suggested, 'Well, it ophthalmology wants to go away, let's let them go away, and we'll play that game and we'll seize the assets.' Well, Mike Kos, there are only two or three people that might suggest that, but Mike would have absolutely nothing to do with that. And, subsequently, the Academy, in order to divide, had to first of all be incorporated. And then there was a process of committees getting together and talking about how the two organizations would divide. And there was a year where there were separate divisions underneath a holding company. And, eventually, then, the two academies had a separation and actually an evolution. And it turned out to be beneficial for both specialties, no question about it

DR. STRAATSMA: You're absolutely correct in describing that process. It, to me, is a result of an evolution. There were moments where people looked at things in different ways and there were then those moments that could be considered revolution. But the basic process was carried out with great dignity and integrity, and I'm delighted to hear that Mike Kos was so much in the central thinking of this whole process.

But I do recall that the year I was elected to be the President-Elect of the American Academy of Ophthalmology and Otolaryngology was the first year when ophthalmology and otolaryngology de facto functioned separately. And even in that second year, 1979, we called our meeting the American Academy of Ophthalmology and they called their meeting the American Academy of Otolaryngology, but the separation could not take place until all members of both groups had agreed to become an incorporated organization that could logically go through the legal steps.

NOONAN: It was an interesting time for me, in that they were developed, naturally, two camps of interest, and I remember saying to both camps at

joint board meeting that I would be happy to be in the middle but I was not going to keep secrets from either side. So if anybody had something that they didn't want the other group to know, they shouldn't tell me, because I was going to be right in the middle and I wanted to survive the process.

DR. STRAATSMA: Well, I can tell you that at least from the point of view of ophthalmology, we were very anxious to recruit you from that middle position to a long-term affiliation with the American Academy of Ophthalmology. I was just thrilled when I found that that decision had been taken on your part.

NOONAN: Well, you and Dr. Spivey met with me in Kansas City. We had a lovely luncheon together and you suggested that I might find a future career with the American Academy of Ophthalmology which would provide a comfortable lifestyle and an interesting challenge. And, I must say, Brad, you've achieved your objective.

DR. STRAATSMA: Well, we achieved the beginning of a quality organization by starting with you, David, absolutely true.

What were the parts of the transition that you thought were the most pivotal in the movement of staff and the translation of people from Midwest to West Coast? Say a word about that.

NOONAN: Well, the most difficult day I've ever had in my entire life professionally, when the division was decided and Dr. Spivey and I prepared a 34-page report to the Board of Trustees of the Academy on why the Academy should not be located in Chicago and why the Academy should not be located in Washington, D.C., and why its best home would be in San Francisco. Now, don't forget the fact that the Board wanted Dr. Spivey to have the position of EVP. He was in San Francisco, and I think had he been in Alaska, the headquarters office would have been in Alaska. But we wrote a fairly convincing paper to tell the Board that there was a wonderful opportunity for a revitalized staff in a wonderful community and that the communications tools available to us and the growing communications tools were an option that we could relocate as far as the West Coast.

With a decision made. I had to tell 44 people who were on the staff of the American Academy of Ophthalmology and Otolaryngology that there would not be a position for them in that office, because the otolaryngologists had decided that they were going to move their office to Washington, D.C., out of Rochester, Minnesota.

To the leadership's credit, they said, 'David, we will not leave until every one of those 44 people have a job of equal or better stature in the city.' So we put advertisements in the local newspapers and Mayo Clinic being in Rochester provided a wonderful base from which a lot of people who were interested in medical and medical education could find a home. And I can say to this day that of those 44 people, before we left on May 19, 1979, every one of those individuals had a job at equal or better pay and responsibility in the city.

DR. STRAATSMA: I've never heard that story, and I'm so glad you brought it out. What a tribute to the integrity of the leadership to say, 'We're making a change, but it's not going to be disadvantageous to you.' Would that other organizations either could or would do the same, because, that is a wonderful principle of behavior. I'm glad to hear that story.

NOONAN: Well, and that story was told as we began to build a new staff in San Francisco. And people began to understand, 'Oh, wait a minute. This is an organization that has a culture of caring about its people.' And that made our first couple of years, although they were stressful, the first couple of years very much easier because people kind of understood our culture.

DR. STRAATSMA: Then there was the actual, physical move from the Midwest to the wilds of San Francisco. Any comments about that, David?

NOONAN: Well, our first office in San Francisco was located at 10th and Howard Street in our city, which was a warehouse. And we moved 190,000 pounds of hard materials from Rochester while we began building an office space on Fillmore Street here in San Francisco. And for the first couple of weeks, we were in this warehouse and then Dr. Spivey, who was the President of the California Pacific Medical Center here found a space on his campus that would hold about 13 people. We've eventually packed about 40 people into that same space working two shifts before the space on 1833

Fillmore was vacated. And this was a marvelous old building. It had been a furniture store and a two-story building with 14-inch-on-center redwood beams, all-brick facade, all-brick interior. And the building was of such construction that our desks every morning, you would come in and there'd be this fine grit on your desk from the brick dust, it would be shaking when the trucks went down Fillmore Street. We had a wonderful time in that building. It served us very well, but we found other quarters later on that were far more suitable for the Academy.

DR. STRAATSMA: Well, we'll come back and talk about those. But I do remember visiting the offices while you were in the warehouse. And the people were very thrilled to show others around the warehouse, but, indeed, it was a warehouse.

NOONAN: It was. Well, transitions are healthy for organizations. That's one thing that I've learned, that new brains bring new energy, new support, and new commitment to the cause. While four people came from Rochester, three of them left very, very shortly thereafter. But the new energy, I think, helped the Academy grow at a time that was very important for its future.

DR. STRAATSMA: I agree it was a fortunate transition, and I personally am totally pleased that it was to a location that really is a gateway for America on the West Coast.

NOONAN: My name is David Noonan, aged 71. This is October 25, 2009. Location is San Francisco. Relationship to my partner: friend and colleague.

DR. STRAATSMA: My name is Bradley Straatsma, aged 81. Today's date is October 25, 2009. We're meeting in San Francisco. My relationship to the person with whom I'm speaking is long-term friend, someone who I enjoy speaking with.

David, we spoke at the end of our first discussion together about the separation of ophthalmology and otolaryngology, and the changes that took place at that time. One of them that I'd welcome your comments on was the beginning of an interest in representing ophthalmology in the federal government affairs. And we were very fortunate at that time to have Dr. Robert Reinecke, who was willing to take on the chairmanship of the Committee of Governmental Relations. Do you have any recollections of how that advanced from that point?

NOONAN: I recall that Bob had served as a... I believe a White House Fellow. If not a White House Fellow, a State Department Fellow during his practice, and I'm not sure how he had achieved the opportunity to do that. But he came back to the Academy and was expressing his concern that so much was going on, not in terms of the reimbursement side of government agencies, but he began to see how government was getting in the way of education and his concern that the control over education was slipping away from physician control, and he thought that the Academy ought to be paying close attention to that issue. And he was the logical person, then, when the Secretary for Federal Affairs became active in the Academy to head that effort up. And that's my recollection of how we made that turn at that time.

DR. STRAATSMA: I think that corresponds with my thinking, because we began to realize government, through its control of the purse and its ability to more and more influence what occurred within the nation, was going to be a force in medicine. We opened an office with, perhaps, initially one or one-and-a-half, or two staff members, and Dr. Reinecke was in charge of that. It turned out that the role of government has expanded so much that that was a critical issue at that early date and, if anything, has become the critical issue for American physicians today.

NOONAN: Well, the nice part about that evolution is the fact that it continues, and from the federal advocacy standpoint we began to pay more attention to the state advocacy issues. It became very apparent, while the Academy was not a federated society, unlike many other medical associations, there were state associations of ophthalmologists in every state and territory under U.S. control. And these individuals were at the grassroots opinion of what was going on in medical care, what was going on in legislation, what was going on at regulation, and they became the bellwethers, if you will, for the Academy on both the state and national level. And out of that initial effort by Dr. Reinecke, we began to pay a lot more attention to what happens at state levels, and that often becomes national policy as well. At these individual who are formulating state issues often become senators or members of the House of Representatives, and it's a place where you can get a connection very early.

DR. STRAATSMA: In 1977/78 when this new Office of Governmental Relations became established in Washington, there was another organization in American ophthalmology called the American Association of Ophthalmology that had for a number of years been the representative of the profession in Washington. So at a point in about 1978/79, we found ourselves with two organizations representing ophthalmology in Washington, D.C. Was that one of the things that led the two organizations to begin talking together?

NOONAN: It became very apparent that representing only 3% of medicine in Washington, D.C., it was foolhardy to have two voices at different times at different connections. And the members of the Academy who were paying... there were 5,000 members of the American Association of Ophthalmology who were also a member of the 13,000—in those days—13,000 members of the American Academy of Ophthalmology, and they began to look at their dues bills and say, 'Well, wait a minute, maybe it doesn't make a lot of sense that we have two voices, and I'm paying two bills to have a voice in Washington, D.C.' And out of that became a serious consideration of the value of the two associations becoming one.

DR. STRAATSMA: It is true that at that point one organization was focused on legislation, the American Association of Ophthalmology.

Another organization, the American Academy of Ophthalmology, thought it was exclusively involved in education. But there was no good judgment in maintaining the two entities. Through a series of discussions, many of them informal and with leaders of the two organizations involved in cordial interactions, I recall that there was a committee established to represent the American Academy of Ophthalmology in the merger discussions and a committee, in similar fashion, representing the American Association of Ophthalmology. This was to lead to a series of discussions about was a merger feasible? Any recollections about that?

NOONAN: Well, the two committees, as I recall, spent the better part of nine months discussing if there was a merger, what the organization, the ongoing organization, would look like, how it would be structured, who would have authority, who would have control of the new entity? And was there going to be a place for members of both organizations within the new entity? Until that time, the American Association of Ophthalmology had as its membership criteria anyone who was a practicing ophthalmologist. The Academy had a regulation that you must be Board-certified in ophthalmology to be a Fellow of the American Academy of Ophthalmology. Now, the association had as its members many individuals who, post-World War II, had come home from the various theaters of war and decided not to go on and get a full residency training but yet who were practicing competent ophthalmologists. So they had a category of members that was available to people who were both... had a fellowship and those who did not have a fellowship. So it was necessary to marry the membership status between those two organizations, and that discussion took on an important role. To this day, the Academy has individuals who are fellows and those who are members. Certainly, individuals who have not reached fellowship status are referred to as members. Generically, and the collegiality of ophthalmology being what it is, everybody is just referred to as a member. But I tell the new staff members that you can always tell the difference between those individuals who are Board-certified by that magic word, 'Fellow.'

DR. STRAATSMA: It's interesting, that was part of the compromise that led to merger. I recall that I was the Chair of the Academy Merger Committee and it was with great good fortune that we found that Dr. Theodore Steinberg, Ted Steinberg, was the Chair of the American

Association of Ophthalmology Merger Committee. But both of us were from California and, fortunately, we had worked together for a number of years to promote the proper legislation in the Sacramento Capitol of the State of California, so that we had developed a genuine trust and the ability to communicate openly and to share ideas and opinions without the fear of these being misunderstood.

The main issues, as I recall them, were the one you raised, the membership versus fellowship. Another issue was that the American Academy of Ophthalmology had a Board of Directors and the American Association of Ophthalmology had a House of Delegates, which they considered a far more representative body in terms of guiding legislation. This was a very important difference in the two organizations that resulted in discussions that led to the Council of the American Academy of Ophthalmology, which curiously came to represent not numbers of members but organizations within the field of ophthalmology, so that we have delegates from the Retina Society, from the corneal groups, the glaucoma groups and, virtually, all of the component organizations. This was a critically important element in bringing together the field of ophthalmology into one family of discussions and representation.

Now, there was a third issue that you may comment on, and that was the fact that both organizations at the time of merger had anticipated their presidents and their president-elects, and who would be the successors and the officers. Do you recall how that was resolved?

NOONAN: It was resolved by inter-lacing the various officers. If you were the president-elect of the Association, that was honored in a step-wise fashion so that you would choose the presidency of the new merged organization in your time. If you were a past officer, you were kept on the Board of a new American Academy of Ophthalmology merged for a number of years to rotate out your normal term. And through that process, everyone who had as a part of their career planning and as part of their association involvement, their offices were protected for a number of years so that everybody had a chance to serve the role that they thought they were going to do. And it was healthy interchange, because different points of view began to be woven into the new organization. So it worked out very, very smoothly.

DR. STRAATSMA: So the merger was made possible by resolving differences in... you could call it compromise, but I would say in a mutually totally satisfactory manner. The House of Delegates evolved into the Council of the American Academy. The officers who were in various points of succession continued, but their chronological date of appointment may have been altered by the merger. And the issue of members and fellows was resolved by keeping the membership of both groups, but still retaining the distinction between members and fellows.

Now, a benefit of this among other things was it put in place a mechanism to bring in international members, not necessarily people who had been qualified by certification to the American Board. People who had been qualified in various ways within their own countries could become international members. Do you have any recollections of how that has contributed to the American Academy?

NOONAN: Well, it's interesting in that the... one of the individuals who was on the career path to presidency of the American Association of Ophthalmology was Dr. George Garcia. Dr. George Garcia had been called to become a president of the Academy through that succession process that we've just described. And he had a strong interest and a strong belief that the American Academy of Ophthalmology really should begin to extend expertise in education beyond our own borders and that there was a role to play, albeit that time ill-defined, a role to play for the Academy to become involved in international education and international affairs.

DR. STRAATSMA: That's something I hadn't fully put into context and I'm so glad you brought that up. Another step that led us into more of an international role for the American Academy of Ophthalmology was the joint meeting of the International Congress of Ophthalmology with the American Academy of Ophthalmology in 1982. I recall at the very beginning of that process, which took place in, perhaps, 1977, I received a communication from the, then, president of the International Council of Ophthalmology saying that they had decided to conduct a congress in the United States. They were pleased to inform us of this because they expected that in that year we would not hold a meeting of our national society and that the meeting that was held for the profession of ophthalmology would be in

the spring of that year because that was the traditional time for the International Congress of Ophthalmology. Well, again, there were some steps of discussion and compromise, and the outcome was to the benefit of both groups. The traditional time for meeting of the American Academy of Ophthalmology was retained, and it was a joint meeting. A step towards building an international constituency for the American Academy of Ophthalmology.

How important are the international members, David?

NOONAN: To this day, one-third of the membership of the American Academy of Ophthalmology, now almost 30,000 members, one-third of those individuals represent the international community. And they have become an active partner in the Academy's educational programming, they've become active in international patient care, sharing experiences much more rapidly than they ever could before.

I think another element of the 1982 meeting was that domestic members of the Academy became suddenly aware of a bigger community of ophthalmologists. They had been, if you will, slightly provincial, but their eyes were open, that, wait a minute, there's a much larger community of interest out there and that there's a collaborative opportunity to learn from others who are facing different kinds of issues in ophthalmology, both clinically and socially, there's an opportunity for them to learn as well as to share expertise here. And it was a wonderful eye-opening experience, I think, for many ophthalmologists in this country that it would not have had that opportunity before.

DR. STRAATSMA: In the spirit of compromise and collegiality, I recall that the President of the American Academy of Ophthalmology at that time was Dr. Marshall Parks, the president of the International Council of Ophthalmology was Dr. Edward Maumenee, and so for that joint meeting we had two presidents. And I came to feel you just can't have too many presidents if they're the right individuals.

NOONAN: Of that caliber, no you certainly can't.

DR. STRAATSMA: But it was a very big meeting. Was it the largest meeting of the Academy to that date?

NOONAN: To that date, certainly, to that date. That's been superseded subsequently, but to that date it was the largest meeting. Now I think it may have been the largest meeting of world ophthalmology to that date.

DR. STRAATSMA: I'm sure you're correct and that's a very valid point, as well. There's a subject that I don't really know the history of, but is also important, and that is, how did the American Academy of Ophthalmology take a position—and I agree with the position—to establish a code of ethics and develop that? Do you have thoughts you could share?

NOONAN: Well, societally, there were pressures on all of organized medicine to examine those issues of membership in organizations. There was a Federal Trade Commission regulation that stripped from the American Medical Association some of their ability to retire the practice of individuals who were not practicing ethically. And the Federal Trade Commission said essentially that American medicine is a trade and, therefore, is subjected to the Federal Trade Commission regulations. And so the ability of large organizations, like the Academy and the American Medical Association, in terms of licensure and practice began to be curtailed by the Federal Trade Commission. When we began... with the leadership of the Academy and, most notably at the time, Dr. Jerry Bettman, who was famous in the Academy's history for providing educational courses on ethical behavior, when that Federal Trade Commission regulation passed, he felt that the Academy needed to have a Statement of Ethics, of ethical behavior of people who were members of the Academy, and while the Academy would not be in a position to deprive somebody of their right to practice, we could certainly have the right to prevent them from being members of the Academy. And so after about a two-year evolutionary time period, a code of ethics and, to my knowledge, the only code of ethics in organized medicine that still maintains the approval of the Federal Trade Commission, is the American Academy of Ophthalmology's Code of Ethics, which is a part of the bylaws. If you are a member of the Academy, you agree to abide by the bylaws. The Code of Ethics really had three main components: one, was affirmation of principle; two, is statements of issues that the Ethics Committee deliberates over and comes to a conclusion of how something

should be regulated and how something should be considered; and, finally, disciplinary action. The lawyer in you, Brad, would appreciate the fact that the full due process is guaranteed any member, but it became an educational opportunity for members. And if a member were challenged in some way, you know very often, and they do this, they say, 'I really didn't understand that I was in violation of ethical behavior and that ethical behavior was curtailed.' And the principles, as they became evolved now serve as guidelines for new practitioners every year.

DR. STRAATSMA: You made the comment that the principles can be enforced. I'm aware of the very ethical and principled behavior of the Committee in reviewing cases where there is a question, and doing this in a manner that retains the fairness of due process but also respects the fact that a challenge has been issued by a member of the Academy against another member of the Academy. This is a very sensitive issue that's been handled by members of the Academy serving on the Ethics Committee in a totally honorable way. We're fortunate to have colleagues of that quality.

We talked a little bit about the Academy moving to San Francisco and the warehouse that you moved into as your first administrative offices, the brick building on Fillmore Street, but rather early in that period after moving to California, you acquired a very lovely location. How did that come about?

NOONAN: Well, we... frankly, the growth of the Academy programs through the volunteerism of the physician members were producing so many programs, so many outlets in both, in education, communications, membership support that the space at 1833 Fillmore simply could not accommodate a staff of that size. We began to look around the community. There was a committee put together, headed by Dr. Byron Demerest of Sacramento, California, a then President of the Academy, to look at opportunities to establish a permanent headquarters office here in San Francisco. And we looked at five or six different sites, and eventually settled on a lovely piece of property at the corner of Hyde and Beach Street. For those of you who are familiar with the San Francisco area, that's Fisherman's Wharf dead center. And we moved into that facility on what was called a participative occupancy-lease, which simply meant that we would be paid rent on the property, and as the property appreciated, we were to enjoy the profits of that appreciation, and so our net increase in rent over a

period of time would be stabilized. And that agreement stayed in position for a number of years, and then it was changed rather dramatically.

DR. STRAATSMA: And what was the dramatic change?

NOONAN: Well, we discovered that the individual who was supposed to afford us the appreciation was playing, I'll say generously, not quite straight with us in terms of the management of the lease. And the then Executive Vice President of the Academy, Dr. Dunbar Hoskins, discovered that we weren't being managed properly and fairly, and we took the gentleman to court. And I'm pleased to say that out of that legal action, the Academy was able to enjoy a return of the money that should have come to us in the first place, plus interest, and the fact that we were able to buy the building for several million dollars other than its street value at that time. It's appreciated remarkably in that period of real estate increase in San Francisco. So the members got a wonderful bargain in the final result, but not without serious contention on behalf of the Academy leadership and Dunbar, in particular.

DR. STRAATSMA: I think we have many things we admire about Dr. Hoskins. You've just given me enough information to add one more to that list. But it does mean that leadership is so often the critical element in an organization. We've had extreme good fortune in having Dr. Spivey take the position of Executive Vice President for a number of years that were the critical building years; Dr. Hoskins and his skills, management tools and personality contributed to an enormous growth in the Academy; and now, Dr. David Parke. They're all at this meeting today, so that we have the good fortune of letting each of them see what the organization evolution has been and realizing how much each one contributed.

NOONAN: You know, there's a common thread among those men that I think is the benefit that the Academy has enjoyed, and that's the issue of integrity. I spoke earlier of Dr. Kos' integrity of now wanting to play dirty politics at the time of the separations of the Academy. I remember sitting having breakfast with a young woman and Bruce Spivey in Dallas, Texas years ago as he was coming into the Executive Vice President of the Academy at the time of the separation. And just beyond us, but well within earshot, were two gentleman who were I'll say perhaps over-served or just

plain rude, and their conversation bordered on a barroom conversation, and language was being used that was totally inappropriate to a social setting. Bruce got up and walked over to the table, and these were two very large gentlemen, and Bruce is not quite six-foot tall, considerably less, as a matter of fact. Bruce walked over to the table and he chastised those gentlemen. He said, 'Gentlemen, we're sitting with a lady. We will not tolerate this kind of language.' The same way with Dunbar Hoskins: He was a VMI graduate, and their code of ethics is, 'I will not lie, cheat or steal, or tolerate those who do.' And those three examples of the leadership that I have seen in the executive vice presidency of the Academy all hinge on that issue of integrity. They will not tolerate improper behavior, and that's what's helped the Academy advance so nicely.

DR. STRAATSMA: What has been the secret of recruiting for the staff, the quality of people in terms of ability, dedication, consistent performance? How did this come about? As chief of the staff, you've probably made a decision about each employee. What was the guiding principle?

NOONAN: The guiding principle is always hire people smarter than you, and in my case, that's not hard to do. But it's the matter that to provide leadership through training of individuals, making sure that they're in the right position, helping to evolve goals and then getting out of the way to let those people do their job. Check on them. 'Inspect what you expect,' was an admonition that we often followed at the Academy, but give people the tools and the opportunity to do their job. Praise them, thank them, appreciate them, and, as I said earlier in our conversation, the ability of physicians to make our jobs so much easier by simply saying, 'Thank you.'

I can't tell you the number of hours that I banked on that gratitude of the staff for physician leadership and in a physician of interaction. They want to do a good job. We always said that if you go home at night and you've helped just one physician take one patient's care to a higher level then you've done your job.

DR. STRAATSMA: Well, that philosophy has been so well-expressed that it is consistent behavior of every member of the staff. If it's a phone call, an urgent communication, or meeting them at the doorway to a social event, it's a marvelously consistent, cordial, courteous but competent group of

individuals, and they could thrive in a building such as you were able to acquire in a very attractive part of San Francisco.

Go back a few years, because we talked earlier about the International Congress. I wonder if that could have had some role in leading to the joint meetings that the Academy had had over the years with the Pan American and with other groups? Do you have any recollections?

NOONAN: I will say that it's directly to your credit, because following the 1982 International Congress, you proposed that it would be a very good idea if the Academy would, on at least on a biannual basis, hold joint meetings with these other national societies. It would be a chance for national societies to see how the Academy operates, it would be a wonderful opportunity for national societies to bring their expertise to members of the American Academy of Ophthalmology and share their experiences. It was a two-way learning venue that has been very, very popular and has helped contribute, I think, dramatically to the growth of our international membership. If we weren't having meetings with the European Ophthalmological Society, with the Pan American, with the Asian Pacific Ophthalmological Society, that interchange of individual... the individual interchange of people who have participated in those meetings have leveraged ophthalmic knowledge around the world.

DR. STRAATSMA: It is truly a part of the process of learning with each other and from each other. I just can't avoid commenting on the fact that at this meeting, which is one of the four meetings we've had with the formal participation of the Pan American Association of Ophthalmology. At this meeting, not only are the officers and members of the Pan American Association of Ophthalmology present, but the president of the Middle East African Council of Ophthalmology is present, the president of the Asia Pacific Academy of Ophthalmology is present, and the president of the European Society of Ophthalmology is present. So we really have four major organizations represented, the president of each one, plus the International Council of Ophthalmology president, Dr. Bruce Spivey. It just indicates that there is a collegiality of interest that brings these people together. And as was mentioned by Dr. Richard Abbott from the podium this morning, more than 750 members of the Pan American Association are

presenting scientific material in some form or other at this American Academy of Ophthalmology meeting.

NOONAN: What's very interesting for me to look at the domestic members of the United States American Academy of Ophthalmology who were attending the instruction courses being given by the Pan American. It used to be supposed that the Pan Americans wanted to come exclusively listen to the instruction courses given by the American Academy of Ophthalmology. It has become so global in terms of educational opportunity that we now see a significant number of American Academy of Ophthalmology members buying tickets to attend the Pan American instruction courses, more to the point of ophthalmology really becoming more and more a global community.

DR. STRAATSMA: Part of this process is an enormous elevation of the standard of care in various countries. I recall making journeys to countries in Latin America several decades ago when I was told not to talk about certain topics because they were too technical and would never be applicable to eye care in these countries. And then, today, you point out very accurately that the people from those countries are actually the ones that are instructing people from the United States. What we found is a leveling of standards across the world, as a result of education, national organizations such as the American Academy, multinational organizations, the International Council and the media that share information.

What we might think about is where is the Academy going to be as we move forward? What are your thoughts on that?

NOONAN: I think the Academy will continue to be the educational organization that was envisioned by Hal Foster in 1896. It will continue to be the home of the best and the brightest presenting the newest information diagnostically, care patterns, ethics, appropriate behavior of physicians, involvement with government, involvement with the other specialties of medicine. It will continue to be the home for American ophthalmologists and world ophthalmologists to understand various aspects of their careers and their opportunity to contribute to patient care. There will be changes in educational modalities. Most notably now, we have the Ophthalmic News and Education Network where individuals from any country in the world can

obtain the very latest and newest information in ophthalmology from a variety of sources, not just from the United States. But they can go on the Internet and for those communities who have skipped the telephone era and are now in the Internet era, they've skipped an entire generation, they have access to this material in a way that they could never get before.

DR. STRAATSMA: I totally agree. This is really an era of e-learning. It's changing medical student education in the United States. It's changing resident education. It's changing the way we qualify and certify our profession, and the standards are being set by another activity of the American Academy that started out as Preferred Practice Plans and are now being called International Clinical Guidelines. These are being adopted around the world as standards or expectations of care. Most recently, the American Academy of Ophthalmology guidelines have been adapted and officially adopted by the government of China. Imagine, something that started as a concept, not without its criticism in the United States a decade or two ago, is now a part of the official policy of China with its 1.2 or 1.3 billion population.

I think that the Academy will be the focus of education and be increasingly involved in electronic dissemination of information, because that's efficient, quick and accessible in a variety of means and a variety of locations.

I think there's another issue. Where do you see the Academy as representative of our nation in the policies of the United States for healthcare?

NOONAN: The realization that organized ophthalmology represents only 3% of medicine places on the Academy the responsibility to collectivize the authority of physicians to practice medicine with other specialties. We can't do it alone, therefore that means we have continue our relationships with the American Medical Association, the American College of Surgeons. Organized medicine needs the voice of ophthalmology. Fortunately, we have people who can give voice to our interest, give voice to our concern for patient care. We're fortunate to have those people, but we have to work collectively to evolve policies that work with the rest of medicine. My biggest fear is that the threat to the education of the physicians through reduction of residency training, money going into continuing education for

physicians is declining in this country. That is a real threat to organized medicine. And, finally, the patients that physicians serve.

DR. STRAATSMA: I've said in recent months, particularly, that if we did not have an American Academy of Ophthalmology, we would have to form one at this time, because, more than ever, we need a unified voice to determine the principles that we think are important in the healthcare delivery system of our nation. Ophthalmology, scientifically, has never been more exciting in opportunities and developments, never, in my period of life. But it is now at a point where it must do more than that. It must represent the interests of our patients from a professional standpoint.

Let's close by making one other comment. We haven't spoken about the Foundation of the American Academy of Ophthalmology, but you've been very close to that and you've seen the important role it has occupied in the Academy. Share with us your thoughts.

NOONAN: Well, certainly, the Foundation of the Academy has supported the social awareness and social service concerns for organized ophthalmology. Our National Eye Care Project, which has now expanded into pediatric ophthalmology, glaucoma, medical retinopathy, those types of concerns of providing free service, free care to individuals who are in need of that care. We've served now over one million people through the National Eye Care Project, which was started under the aegis of the Foundation.

We are the repository of the... we are the attic of ophthalmology, if you will. We're the attic of ophthalmology and that our Ophthalmic Heritage Museum, a part of which this conversation will reside in years to come, we hope they keep it, that kind of activity. But it's also an opportunity to demonstrate to the public the interest of ophthalmology and to provide financial support to the interest of ophthalmology. It's becoming a fundraising activity for the Academy through its various programs. And the awareness to the public that organized ophthalmology has a role to play and their willingness to support that role in the future.

DR. STRAATSMA: The Foundation has been a wonderful part of the American Academy of Ophthalmology and retaining the history recognizes

our debt to people like Edward Jackson, William Benedict, Mike Kos, Bruce Spivey, Dunbar Hoskins and, now, David Parke.