

THE PRESIDENT'S SPEECH

Coordinated Eye Movements

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Dr. Damari gave the following speech during the Installation and Induction Banquet at the COVD 41st Annual Meeting in Las Vegas, Nevada, on Saturday, October 29, 2011.



First, I would not be here without the help of many, many people. I know it is often tiring to hear people rattle off thank yous, but it is also a necessary and entirely appropriate social convention, so here it goes:

Thank you, Steve Solomon and Gary Williams for showing me that I would not have been a great lawyer, and for giving me an amazing alternative career. Thank you Ken Ciufredda, for pushing me forward in ways you cannot even imagine. Thank you, most profoundly, to Nat Flax and Al Rappaport, a partnership opposites that allowed me in for three amazing years, seeing hundreds of therapy patients each week, and growing as a professional in ways I am still working to incorporate. I will be forever in their debt. Thank you to what I affectionately call the SUNY mafia, especially Irwin Suchoff, Carl Gruning, Arnie Sherman, Iz Greenwald, Len Press, Jeffrey Cooper, Hal Freidman, Joe Viviano, Harold Solan, Mickey Weinstein, Marty Birnbaum, the last two of whom left us far too early. I miss both of them so much. Thank you to the women of SUNY (Diane Adamczyk, Andrea Thau, Beth Bazin, Shelly Mozlin, who taught me in ways they never had to say how wonderful it is for our profession to have smart, strong women among us. Thank you to those who I call the angels of my transitions: the Bernstein family, Ira, Phyllis, and Paul, for giving me the courage to start a private practice and a new phase of our family life; Mitch Scheiman, who got me started on Americans with Disability Act consulting by referring one very important patient to me; Carol Marusich and all the rest of the gang on IECB in the mid-90's — we had a great time and I learned a ton; Glen and Brenda Steele who with their generous hearts welcomed us

into a new town, state, and academic institution in a way that cannot be duplicated, and Chuck and Connie Haine who moved me, despite my best efforts to sabotage the move, into the strange but important world of academic administration and the National Board of Examiners in Optometry. Thank you to the troika who pulled me back into COVD: Dru Grant, Dan Fortenbacher, and Lynn Hellerstein. Thank you to our Executive Director, Pam Happ, who is an unbelievable and passionate resource for our organization. We are so lucky to have her. Finally, of course, thank you to my wife, Rita, who is the real powerhouse of the family. Really. Just ask anyone who knows us both and they will tell you that she deserves far better than me.

As I stand before you today, two main thoughts occur to me. One is that each of us in this room is a trailblazer. We do not chose the easy path, do we? Eye surgeons and other members of the medical club would like the public to believe that we are in this for easy money, but they are so clearly wrong. When we do well at this thing we do, the patients do find us and we are fairly compensated, but nothing about it is easy. It is not easy to do what we do well, or every optometry student would be drawn to it and ace the exams, the way they do in the disease courses and the disease sections of the National Board. The only clinical skill on Part III that less than 60% of students are successful at is retinoscopy. Yet we are constantly reading, constantly learning, constantly developing new ways to change our patients' embedded behaviors.

It is not easy for our patients to find us, because there are far too few of us. I have grown weary of hearing some of our colleagues complain about there being too many optometrists. Every one of us in this room knows that there need to be far more optometrists doing true full scope optometry which, of course, should include developmental optometry.

One of the best things that happened to my practice in Rochester was when Ray Gottlieb moved to town and started his VT practice, which was very different from mine. I know my practice benefited from having his alternative style of practice, so I could send him those patients who were not suited to my style, and I like to believe that the same was true for him. We need more people doing what we do, and we need to go into the schools, old and new, and spread the news about why patients need optometry desperately in this new information economy. COVD's "Tour" to each of the schools and colleges of optometry every year for the last five years has been an excellent step in the right direction.

It is also not easy for patients to find us because, at every turn, medicine is conveying a very confusing message. They say they want more patient involvement in care while in actuality they are dismissive of any treatment that is not surgical or does not involve medication, even when their patients inquire about other options. They say they want patients living a healthier lifestyle while they rarely offer their patients effective nutritional or other forms of counseling, especially if those interventions involve other members of the healthcare team. In the meantime, we offer a type of care that requires the utmost in patient involvement and lifestyle change, and organized medicine finds ways to distort the science in an attempt to marginalize us. What is most galling about their tactics is that far too many of our optometric colleagues buy into this notion that what we do is out of the mainstream, while almost every other healthcare profession sees the transparency of their hypocrisy, especially when it is displayed in black and white in documents such as their deeply flawed "technical report" on learning disabilities, dyslexia, and vision.

Even our state boards, who are supposed to protect the general welfare with rigorous standards for the practice of optometry, make it difficult for us because they are so captured by the easy, dead end appeal of the treatment of ocular disease that they forget why those patients trust optometrists in the first place. If optometrists fail to offer good vision care, we will no longer have the opportunity to offer care of our patients' diseases, because they won't be coming to us! Yet our state boards continue to turn a blind eye (pun completely intended) to others who practice dispensing and vision therapy without a license, giving both services a bad name. They continue to

allow medicine to undermine important aspects of optometric care, failing to understand that this is simply a tactic in a much larger medical strategy to destroy optometry as an independent healthcare profession.

So, no, we have not chosen the easy path. We must remember that, and we must work together to blaze our trail. Yes, I know we all have our different styles. Sometimes we call them different philosophies, but they are not, and I believe it is dangerous for us to think of them that way. A philosophical difference would be for one of us to believe that vision therapy, in whatever form it is given, can have no benefit for a patient because the human brain is an immutable, rigid hunk of hardware. Who here believes that? A philosophical difference would be for one of us to believe that strabismus is a problem of a weak muscle or two and all it takes to fix it is weakening an opposing muscle with a scalpel or poison. Who here believes that? A philosophical difference would be for one of us to believe — and one of our colleagues has had a physician in her town say this — that convergence insufficiency is a non-existent condition dreamed up by people who have a solution looking for a problem. Who here believes that?

Our differences are not differences of philosophy, but differences of style. Our patients need every one of us, and more, many more, to be successful. Our patients need Harry Wachs and Mitch Scheiman, Randy Schulmann and Eric Borsting, Sue Cotter and Kellye Kneuppel. We should not be working against each other, but together. Yes, we offer different approaches. That should be our strength, not our weakness. I have been at enough practices to tell you we are all getting results and our patients love us. It does us no favors when we attack each other.

The other thought that occurs to me looking out at all of you is how much you have contributed to our profession, and how much more you can contribute. I am not talking about money, although an organization working for your interests can always use more financial support. I am talking about your talent. Our differences are our strength, but only if we bring them together in our common effort.

Indulge me a bit here as I do some more thank yous. Everyone on the IECB, please stand up. Everyone who has been on the IECB before, please stand up. Everyone who ever served on the governing board, please stand up. Everyone who helped mentor someone in the fellowship process, please stand up.

Everyone who helped write items for the fellowship examination at any stage, please stand up. Everyone who chairs a committee or is a state coordinator, please stand up. Everyone who is on a committee and actively contributed to that committee's efforts in the past year, please stand up. Everyone who is in the fellowship process, please stand up. Everyone who is an exhibitor at this year's meeting, please stand up. Everyone who contributed a paper or poster, or is on the educational program this year, please stand up. Give yourselves a hand, you are the reason COVD is growing by leaps and bounds every year. You are the reason COVD is helping more doctors help more patients across the world improve their quality of life in ways no other profession can match.

For those of you who are still seated, I look forward to seeing you standing at next year's annual meeting. Why wouldn't you want to take ownership of this organization and the wonderful things all our members are doing for our patients? There are myriad ways to contribute and make your mark. Join a committee. If

you are on a committee and aren't feeling it, change committees. Find your niche in COVD. We need every one of you, and we need your unique skills and talents to move us forward. Our communities need us to move forward, because every infant who has a visual impediment to her development, every child in kindergarten who is being forced to learn the reading code without the visual tools to do so, every elementary school child who is struggling against a learning-related vision problem or visual information processing delay, every college kid with a convergence excess, every adult with amblyopia or strabismus who was betrayed by the surgery-only model, every one of our service men and women with a traumatic brain injury, needs us, and for them to get to us, they need COVD to educate, to promote, and to certify. And COVD needs you to succeed.

Thank you for being here, and thank you for what I'm sure will be a tremendous year, one in which YOU will play a vital role. In the meantime, let's dance!