The Eye Institute stands in common with top regional Ophthalmology centers in the United States as a magnet for talented young physicians competing for a limited number of national residency training slots, at a time when the need for eye care is increasing and the supply of specialized ophthalmologists is decreasing. We stand apart from these institutions in our commitment to expand high quality ophthalmology care to an increasing number of patients who lack the ability to pay for it.

Spearheaded by the Pacific Vision Foundation (PVF), this is being accomplished by bringing together long-time partners into The Eye Institute, headquartered at 711 Van Ness Avenue, and by creating a comprehensive regional network of eye care services.

The partners of PVF—faculty physicians, California Pacific Medical Center (CPMC) Department of Ophthalmology, The Lions Eye Foundation (LEF) and Lions Eye Clinic, the Frank Stein and Paul S. May Center for Low Vision Rehabilitation, and the Smith-Kettlewell Eye Research Institute (SKERI)—have a long history in support of vision care, medical education and research.

Economically disadvantaged persons are served when a member Lions Club identifies needy patients. CPMC residents diagnose and treat them at no cost in CPMC facilities, while the faculty ophthalmologists supervise the (continued on page 6)
Rona Z. Silkiss, MD was recently elected as a member of the American Ophthalmological Society (AOS), a medical society whose constitutional objective is “the advancement of ophthalmic science and art. Founded in 1864, it is the first specialty society in the United States to continue uninterrupted into the 21st Century. Admission to membership in the society is via nomination from current members, and the submission of a scholarly thesis, which is then published in the society’s peer-reviewed journal, *Transactions of the American Ophthalmological Society.*

David C. Heiden, MD was recently elected into the American Uveitis Society, a resource for researchers in inflammatory eye diseases. Uveitis refers to a group of inflammatory diseases of the eye, responsible for up to 20% of all blindness. The mission of the American Uveitis Society is to increase, promote, and disseminate knowledge regarding uveitis and to develop and promote research and investigation in the field.

Resident Retreat

A recent retreat was a rare chance for all nine physicians in the CPMC Ophthalmology Department’s Residency Program to be together in the same place at the same time. The primary goal of this annual retreat is, in the words of Chief Resident Dr. Aileen Sy, “to always be improving, as with all things in the medical profession.”

Neck and back issues can be common in the field of ophthalmology, so the retreat included a yoga session focused on injury prevention, rooted in good ergonomics. Dr. Jill Rotruck commented appreciatively, “It’s great the residency program has built-in time for health and wellness.”
Kevin J. Denny, MD
• San Francisco Examiner “Quality Surgical Eye Care Ensured Through Training” an Op-Ed with Stephen D. McLeod, MD, Chair of Ophthalmology, UCSF. June 2015

Donald C. Fletcher, MD
• Optometry and Vision Science “Random Word Recognition Chart Helps Scotoma Assessment In Low Vision” by MacKebe M, Nair U, Walker L, Fletcher DC April 2015

William V. Good, MD

David C. Heiden, MD

Rona Z. Silkiss, MD
• Ophthalmic Plastic and Reconstructive Surgery “Clinical Response to Tocilizumab in Severe Thyroid Eye Disease” by Sy A, Eliasieh K, Silkiss RZ. June 2016
• The American Journal of Cosmetic Surgery “Efficiency of Muller’s Muscle Resection Through the Use of Locking Forceps In Lieu of Traction Sutures” by Russell, D and Silkiss, RZ. Jan-Apr 2016
• EyeNet Magazine and Eye Wiki, the online eye encyclopedia of AAO “Lacrimal Gland Cyst” (with Hemond); “Blepharophimosis Syndrome” (with Haile)

Andrew L. Sorenson, MD and Robert L. Sorenson, MD
• Journal of Cataract & Refractive Surgery “Toxic Anterior Segment Syndrome by Autoclave Reservoir Wall Biofilms and Their Residual Toxins” by Drs. Sorenson and David J Evans, Ph.D. August 2016

H. George Tanaka, MD

West Coast Retina Medical Group
• Retinal Cases and Brief Reports “An Unusual Presentation of Choroidal Sarcoidosis and Its Multimodal Imaging” Randhawa S, Jumper JM. 2015
• JAMA Ophthalmology Letters “Sequential En Face Spectral-Domain Optical Coherence Tomography Analysis of Macular Hole Formation” Clamp MF, Jumper JM, McDonald HR, Fu AD, Lujan BJ. 2015
• Retina, The Journal of Retinal and Vitreous Diseases Volume 35; “Case Report: Diagnostic and Therapeutic Challenges. McDonald HR, Editor. 2015
• Retinal Cases and Brief Reports “Susac Syndrome” Patel KH, Haug SJ, Imes RK, Cunningham Jr ET, McDonald HR 2015
Danny Y. Lin, MD Appointed Chief of Cataract and Anterior Segment Surgery

Dr. Danny Lin was appointed Chief of Cataract and Anterior Segment Surgery beginning in September, succeeding Dr. Kevin Denny, now Chair of the Department of Ophthalmology. Dr. Denny said of this appointment, “I’m delighted that Dr. Lin agreed to be Service Chief for Cataract since he’s a skilled surgeon and a generous teacher of the residents.”

After graduating Phi Beta Kappa and Summa Cum Laude from UC Berkeley, Dr. Lin entered Stanford University where he completed medical school and his residency in Ophthalmology. Dr. Lin joined the Jules Stein Eye Institute at UCLA to pursue a subspecialty program in cornea, external ocular diseases and refractive surgery. He was an associate refractive surgeon and a visiting assistant professor in ophthalmology at the UCLA Laser Refractive Center, where he performed advanced laser vision correction procedures such as Laser In Situ Keratomileusis (LASIK), Photorefractive Keratectomy (PRK/ LASEK), corneal transplantations, and complex cataract/intraocular lens implant surgeries to improve vision.

Asked how it was that he chose CPMC, his quick response was, “Dr. Wayne Fung’s daughter was in my class at Stanford. Even though she and I went on different professional paths for a while, when it came time to choose where I wanted to practice, being given the opportunity to have Wayne Fung as a boss and Anne Fung as a colleague, it was an easy decision.”

Dr. Lin joined Pacific Eye Associates in 2004, and also started actively teaching in the ophthalmology residency program. In addition to his clinical activities, Dr. Lin has received many honors and awards, he has contributed to research in the field, published his findings and made presentations at conferences, and is a member of several professional organizations. He and his wife Linda have three children ages 9, 8, and 4, and they live in Hillsborough, CA.

PVF Welcomes New Board Member Usha Arunachalam, Ph.D., M.B.A.

With Usha Arunachalam’s professional background in business development, the skill sets she brings to her role as a new member of the Board of Directors of the Pacific Vision Foundation are well suited for PVF’s current focus on fostering the launch of The Eye Institute. Deeply experienced with strategic planning, comfortable with the ambiguities inherent in start-ups, and committed to service, Usha is a welcome addition.

Raised in Madras, India, as the youngest of five sisters, she is now an American citizen. Asked why she responded affirmatively when Dr. Spivey invited her to join the Board, she answered, “It’s every citizen’s responsibility to give back and try to make a difference. This is how you say thank you.”

Ms. Arunachalam has a wide educational background: an undergraduate degree in Nutrition Dietetics and
Food Service Management; Masters in Biochemistry from Maharaja Sayajirao University, Baroda, India; Ph.D. in Biochemistry from both the Indian Institute of Science, Bangalore, India, and University of Michigan, Ann Arbor; and a Masters of Business Administration from The Anderson School at UCLA.

Usha is currently Vice President for Business Development, at ProLynx, LLC, a start-up located in Mission Bay that is developing a technology that extends the half-life of proteins, peptides and small molecules. She also continues to consult with her former employer, The Leukemia Lymphoma Society. Still, with all those responsibilities, Usha makes time daily for two hours of practice as a singer of Indian classical music which she considers a meditative art. She said of it, “It is an expression of me. I want it for my soul.”

Usha is married to Sriram Viswanathan, whom she met while they were both students at the Indian Institute of Science. Among many other professional and volunteer roles, he is a member of the Board of Directors of The Aravind Eye Institute, whose business model and commitment to serving the underserved is a primary source of inspiration for The Eye Institute being launched by PVF. Ms. Arunachalam and Mr. Viswanathan have one grown son and they live in Hillsborough, CA.

John Posey New President of Lions Eye Foundation

John Posey is the recently elected President of The Lions Eye Foundation of California and Nevada, (LEF) having been involved with the organization for eight years. He is a third-generation resident of Marin County, and a mostly-retired prosecuting and litigation attorney. John is at the helm of the Lions Eye Foundation at a time when the 60-year old not-for-profit has 338 member clubs and approximately 10,000 individual members.

The mission of the Lions Eye Foundation is to preserve and restore the gift of sight by providing free ophthalmic examinations, operations, and medications to the less fortunate members of our community. Patients, who are without insurance and with limited income, are referred to the Lions Eye Clinic from local communities where there are Lions clubs. The referrals come from optometrists, Lions clubs, and community clinics. The appropriate local Lions club sponsors a qualified patient. The club is asked to cover the patient’s transportation costs, if the patient cannot afford the cost. The club is eventually reimbursed the cost by LEF, and LEF provides patient lodging, if it is required. LEF contracts with CPMC and its residency program to provide appropriate eye treatment. CPMC provides the residents, facilities and administrative staff. LEF provides financial support and patients to the residents who perform the surgeries at the clinic.

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patient care and teach the residents. Across more than five decades, this arrangement has resulted in 4200 patient visits per year. Now a new network of participating physicians and community clinics will be added to the model in order to expand the synergy between education and subsidized care.

This regional care network will be created by linking The Eye Institute to primary care sites across the region where specialized eye care for the economically disadvantaged is not available. The Eye Institute will bring eye care to the affiliated sites, and also accept referrals for advanced services at 711 Van Ness. Each affiliation will be tailored to the needs of the population. Two pilot programs with Federally Qualified Health Clinics (FQHC) are currently being negotiated to test the concept and to refine the plan.

This bilateral approach—the traditional partnerships and the new regional care network—means the high quality care and education that are hallmarks of the CPMC Ophthalmology Department, and Residency and Fellowship Programs, will continue, plus it will allow a major expansion of care for the disadvantaged.

Inspiration comes from India’s Aravind Eye Care System, the world’s largest eye care provider and the gold standard for affordability, efficiency, and compassion in developing nations. Aravind has influenced eye care worldwide but never before in the United States. Modified for U.S. laws and culture, the Aravind model will inspire a distinctly Western version of compassionate care on a large scale.

John feels it is an especially vital time to offer his volunteer leadership as the Lions Eye Clinic is moving to The Eye Institute at 711 Van Ness Avenue. In addition to helping to shepherd that transition, his focus will be on increasing revenue streams so that more patients can be served.

When Mr. Posey speaks to member clubs about the new Eye Institute (for which PVF is serving as a catalyst), he says to them, “It’s really significant because it’s a unique set-up in one location. When your club gets involved, not only do you refer patients and give money, you are also helping the residency program train doctors who may end up living in your community.”

John proudly stressed, “It’s important to note that people involved in the Lions organization are all volunteers who have donated a lot of hours. Without that, this program would not exist and patients would not be helped.” He looks forward to inviting participating clubs to a tour of the new facility next July at the time of the Annual Meeting.

The direction of Lions International, and its member chapters like Northern California/Nevada, was shaped by a challenge issued in 1925 by Helen Keller. She attended the Lions Clubs International Convention in Cedar Point, Ohio, and said, “Will you not help me hasten the day when there shall be no preventable blindness? Will you not constitute yourselves Knights of the Blind in this crusade against darkness?” The challenge was accepted, and ever since, the focus has been on sight programs aimed at preventable blindness.

John Posey is a devotee of this goal, and he plans to work hard during his two-year term. He foresees that the unique collaboration that is The Eye Institute will get stronger and broader in this new era, in a way that is mutually beneficial for all.
$100,000 Grant Announced

The Pacific Vision Foundation was delighted to receive a grant of $100,000 from the William Randolph Hearst Foundation for the Pediatric Ophthalmic Center within The Eye Institute. The need for such a center is profound:

- **Need to reach children in time:** Pediatric conditions such as strabismus (crossed eye), amblyopia (lazy eye), retinopathy of prematurity and congenital cataracts (cloudy lenses) are usually correctable, but in low-income children they frequently go untreated. After age five, treatment is often ineffective, leading to blindness or low vision.

- **Need to expand access:** No private eye surgery center in San Francisco accepts Medi-Cal. The City’s community clinics have a three-month wait for referrals to an eye surgeon. Even routine eye exams are frequently out of reach.

- **Need to replace inadequate facilities:** Even the most advanced ophthalmic care no longer requires a hospital setting, yet the care associated with PVF, LEF, and CPMC still takes place in hospital facilities designed for an era with eye patients occupied one third of hospital beds. Aging infrastructure cannot accommodate new technology or more patients.

The plans for The Eye Institute will address all of the needs above. Funding is now 50% complete for the construction of a Pediatric Ophthalmology Center (POC) with age-appropriate equipment, dedicated procedure room, and waiting rooms and service areas designed to put children and families at ease.

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**Amblyopia:**
The Most Common Cause of Visual Impairment Among Children

The brain and the eyes work together to produce vision. The eye focuses light on the back part of the eye known as the retina. Cells of the retina then trigger nerve signals that travel along the optic nerves to the brain. Amblyopia is the medical term used when the vision of one eye is reduced because it fails to work properly with the brain. The eye itself looks normal, but for various reasons the brain favors the other eye. This condition is also sometimes called lazy eye.

Amblyopia is the most common cause of visual impairment among children, affecting approximately 2 to 3 out of every 100 children. Unless it is successfully treated in early childhood, amblyopia usually persists into adulthood. It is also the most common cause of monocular (one eye) visual impairment among young and middle-aged adults.

With thanks to the website of the National Eye Institute (NEI)

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**Vision Facts**

Amblyopia can result from any condition that prevents the eye from focusing clearly. Amblyopia can be caused by the misalignment of the two eyes—a condition called strabismus. With strabismus, the eyes can cross in (esotropia) or turn out (exotropia). Occasionally, amblyopia is caused by a clouding of the front part of the eye, a condition called cataract.

A common cause of amblyopia is the inability of one eye to focus as well as the other one. Amblyopia can occur when one eye is more nearsighted, more farsighted, or has more astigmatism. Treating amblyopia involves forcing the child to use the eye with weaker vision. There are two common ways to treat amblyopia: patching of the “lazy” eye or a drop of a drug called atropine in the good eye, both of which force the child to use the eye with amblyopia.
Giving to Pacific Vision Foundation

Pacific Vision Foundation (PVF) is able to financially support the Ophthalmology Department at the California Pacific Medical Center (CPMC), and catalyze the establishment of The Eye Institute, because of contributions from people like you. Please consider making a tax deductible gift today.

- Donate online by going to the PVF website: [http://pacificvisionfoundation.org](http://pacificvisionfoundation.org) and clicking on the “Make a Contribution” link at the bottom of the Home Page.
- Mail a gift in the enclosed envelope.
- Call 415-393-1225 to make a credit card payment.

If you are interested in discussing a planned gift, contact Executive Director Jo Burnett at job@pacificvisionfoundation.org.

Seeking Email Addresses

PVF has email addresses for only a third of our mailing list! We request that you PLEASE take the time to send your email address to: sromero-wilson@pacificvisionfoundation.org or call Sabrina at 415-393-1225. Thank you.

Horizon is published quarterly by the Pacific Vision Foundation, a 501(c)(3) corporation.

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**PVF MISSION STATEMENT & BOARD**

**Pacific Vision Foundation was founded in 1977 with the mission to prevent blindness and to improve vision for those who see imperfectly by fostering the highest level of eye care for the public. This is to be accomplished through contributing to excellence in patient care, improving eye care education of both medical professionals and the public, and supporting innovative ophthalmic research.**

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