

# DEAN MCGEE EYE INSTITUTE

VISION CARE | RESEARCH | EDUCATION | COMMUNITY

The Dean A. McGee  
EYE INSTITUTE

▲ WINTER, 2000

## PRESIDENT'S PERSPECTIVE

### THE DEAN MCGEE EYE INSTITUTE: 25 YEARS

Dean A. McGee and the other Dean McGee Eye Institute founders were possessed of a grand vision—a vision which now 25 years later has flourished, despite the sweeping changes in medicine and ophthalmology. They sought to create a place where people in Oklahoma and surrounding states could come for high quality patient care—a place where nationally recognized experts could assist in the management of serious, rare disorders. They envisioned one institute where all of Oklahoma's medical students and residents were instructed in ophthalmology and the science of vision. They hoped to create an environment conducive to serious scientific inquiry—where researchers would focus on the causes and cures for blinding eye disease.

The founders of the Dean McGee Eye Institute believed strongly that creating the proper incubator would attract talented physicians and scientists to our state to catapult the campus clinical and research enterprise forward. They believed that this would greatly benefit the people of Oklahoma, and that those same people would support the Institute as it grew. They were right.

This month the Dean A. McGee Eye Institute celebrates its 25th anniversary. Anniversaries are always the time to gaze into the past, to evaluate success and challenges and to plan for the future. Has the Dean McGee Eye Institute fulfilled the dreams of its founders? What are our goals for the future?

First, let me begin by paying homage to the visionaries who created the Institute. Those of us who live in Oklahoma take the McGee Eye Institute for granted. Yet its very structure is unique in American ophthalmology and that organizational uniqueness—a gift from its founders—explains a lot of its success.

I can tell you for a fact that there is not another eye institute in the country that has our blend of autonomy, independent governance,

but yet tight affiliation with a major parent university. This marriage of traditional academia and independent not-for-profit status has well served both the Institute and the University of Oklahoma. Without the Institute's independence, the University would probably have had the resources to develop only a small, average academic department. Without the University connection, the Institute would be hard pressed to recruit top quality scientists and ophthalmologists with a commitment and talent for teaching and who value a University appointment.

Another critical gift to us today from the Institute's early leaders was space to grow.



*Mr. McGee and Mr. Young at dedication*

While only 20,000 square feet of space were initially occupied, the Institute's founders insisted on building a six story, 65,000 square foot building. This served us well for twenty-five years. Now we are bursting at the seams.

Finally, the Institute Board of Trustees established a tradition of strong stewardship. Trustees like Dean McGee, Stanton Young, Jim Tolbert, and John Houchin (to name just a few) have given many, many hours of their talent to help guide the Institute through the reefs and shoals of organizational growth.

The members of this Board have a vital and challenging task—in the midst of nothing short

*Continued on page 6*



*David W. Parke II, M.D.  
DMEI President and CEO*

## INDEX

1

President's  
Perspective

2

Photo Collage  
of 25 Years  
at Dean McGee  
Eye Institute

5

2000  
Annual Appeal

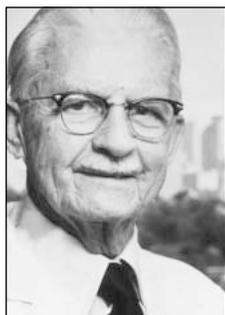
8

DMEI  
Directory

## THROUGH THE YEARS...

The University of Oklahoma was founded in 1890, seventeen years before Oklahoma achieved statehood in 1907. At that time Oklahoma Territory had a census of about 60,000 and the Five Civilized Tribes (Cherokees, Chickasaws, Choctaws, Creeks, and Seminoles) had a combined population of nearly 180,000 on their tribal lands.

The University of Oklahoma School of Medicine was established in Oklahoma City in 1910. Of the first thirty faculty, two were professors of Ophthalmology in the Department of Ophthalmology, Otology, Rhinology, and Laryngology. In 1926 this was finally divided into two separate departments with Dr. Edmund S. Ferguson, a community physician, named as Chairman of the Department of Ophthalmology, a title he retained until 1938.



*Tullos O. Coston, M.D.*

Tullos O. Coston, M.D. moved to Oklahoma in 1936 from the faculty of the Wilmer Ophthalmological Institute at Johns Hopkins. He was described by his former Chairman Alan Woods as “one of the ablest technical ophthalmic surgeons in the country” and a man of “sterling honesty”. Destined to play a pivotal role in the future growth of the Department, Dr. Coston

demonstrated this “sterling honesty” by promptly publically denouncing (and virtually ending) the widespread practice of optician kickbacks to prescribing ophthalmologists. Dr. Woods traveled to Oklahoma City to join Dr. Coston in testifying against this practice.

In 1965 a small group of prominent Oklahoma City citizens, led by ophthalmologist Richard A. Clay, M.D., founded the Oklahoma Eye Foundation with the specific goal of establishing an eye institute. Their efforts received a tremendous boost when in 1971 Dean A. McGee, President and CEO of Kerr-McGee Corp., developed a retinal detachment. This was successfully repaired by Dr. Coston, assisted by Thomas E. Acers, M.D., a recent Wilmer Institute graduate.

A man of great intellectual curiosity, Mr. McGee questioned Dr. Acers at length about training in ophthalmology, the need for subspecialists in Oklahoma, how eye research was performed, and the role of eye institutes. He returned for a postop exam and, as Dr. Acers remembers, commented, “Back to that eye institute. You



*Dean A. McGee*

know, that just might be arranged.” In addition to contributing himself, Mr. McGee helped assemble a team of Oklahoma community and business leaders to shepherd the development of an institute. In the meantime, Dr. Acers was named as the first full-time Chair of the Department of Ophthalmology.



*Thomas E. Acers, M.D.*

Construction of the Institute on the campus of the new Oklahoma Health Center was uniquely Oklahoman. Oil rigs, pumps, and tanks had to be relocated from the site. Mr. McGee and his wife could be found in hard hats, sometimes at night, reviewing the progress.



*DMEI Site*

Critical to the Institute’s success and unique among major American eye institute’s

was the decision to incorporate the Institute as a separate charitable corporation with its own governing Board of Trustees. The University of Oklahoma Department of Ophthalmology would be housed within the Institute and the two organizations would operate seamlessly with the Department Chair appointed as the Institute President. The Institute and its faculty thereby can function dually as an academic unit of the University and as a private, not-for-profit



*Faculty, residents, and staff 1975*

clinical care and research institute.

On December 5, 1975 the Dean A. McGee Eye Institute was dedicated with completion of the final floors of the 60,000 square foot facility ten years later.



*DMEI in 1975*

*Continued on page 3*



History, continued from page 2



DMEI dedication: Paul Harvey and Dr. Acers



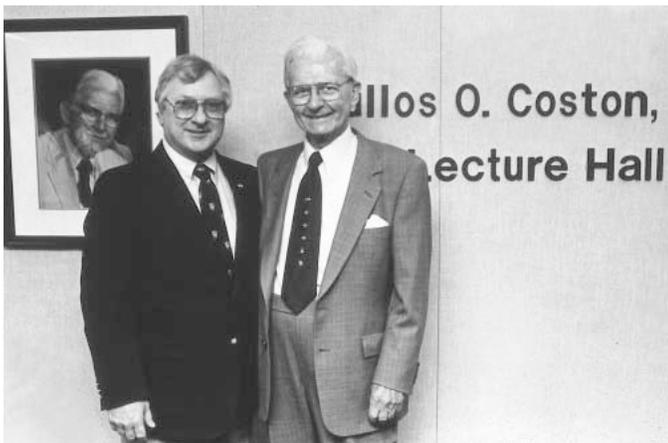
DMEI dedication: Dean McGee



Stanton Young and DMEI benefactors



First DMEI newsletter 1979



John M. Houchin  
OEF Chair 1972-1992

Dr. Acers' tenure as Department Chair marked a period of tremendous Institute growth. Throughout this period of growth, education in ophthalmology remained a principal focus for Dr. Acers. He sought to keep the residency small (three residents each year) but with a tremendous wealth of clinical training at the Oklahoma City VA Hospital, Children's Hospital of Oklahoma, and the McGee Eye Institute. Today, nearly 40% of Oklahoma ophthalmologists have completed a portion of their training at the McGee Eye Institute.



First DMEI  
resident class



History, continued from page 3

After twenty years at the helm, Dr. Acers stepped down in 1992 to be succeeded by David W. Parke II, M.D. as the McGee Professor and Chairman of the Department of Ophthalmology and President and CEO of the Dean A. McGee Eye Institute. The last eight years have witnessed considerable growth and maturation in both the clinical and research programs (see President's Perspective, page 1).

**The Dean A. McGee Eye Institute**  
Vision Care Research Education Community

**President's Perspective**  
**DEAN A. MCGEE EYE INSTITUTE'S MISSION . . .**

**What's been going on at the McGee Eye Institute? Why haven't we heard from the Institute?**

These are questions I've been hearing from a number of our friends and supporters, particularly outside of Oklahoma City. The answer, in short, is "a lot!"

When I first joined the McGee Eye Institute in 1992, succeeding Dr. Acers (the one "biggest" loss), the strengths of the organization were apparent:

- The only eye institute in Oklahoma, Colorado, New Mexico, Kansas, and Nebraska with fellowship-trained ophthalmologists on staff covering every vision care specialty.
- Clinical research programs providing patients with access to state-of-the-art technologies and treatments. A powerful vision science program, co-chaired by Dr. Parke and myself with M.D. candidates on focus research on various clinical problems such as glaucoma, eye infections, and ocular trauma.
- A strong group of educational programs for medical students, residents, post residents, fellows, and ophthalmologists in practice.

The Institute also was blessed with a loyal group of students and supporters. Their hard work and philanthropy allowed the Board of Trustees and Institute staff to develop the facilities and programs. The McGee Eye Institute became a national focus in ophthalmology.

At the same time I fully recognized the tremendous challenges ahead — as part of a new set of challenges the Institute had never faced. • How will the McGee Eye Institute continue to provide the highest quality eye care to everyone in

• How can the Institute attract the center of Oklahoma through research when federal dollars for research are dramatically restricted and when the existing eye technologies are becoming obsolete? • How can the Institute continue an effective partnership with the University of Oklahoma in training medical students and residents? • At other words, what was our plan to ensure that the Institute would both survive and thrive?

The first step was to examine and reaffirm the Institute's mission. The physician faculty, the staff, and the Board of Trustees were instrumental. Despite the challenges, the Institute must remain true to its original purpose:

• The Institute is dedicated to combining excellence in clinical care, education, and vision research with humanitarianism and a concern for community.

During the past two years we have addressed, as a part of our strategic plan, a number of issues aimed at enhancing our mission.

**CLINICAL CARE** — In 1992 the Institute consisted of 14 ophthalmologists. During the next six years, through an additional nine ophthalmologists were recruited to the MEE from eye centers including the University of Michigan, Johns Hopkins, and the National Eye Institute.

The first two floors of the Institute were retrofitted and completely rebuilt for patient care. The result is 38 examining rooms, 11 state-of-the-art, same-day treatment, and a central entry to the building completely accessible to

David W. Parke II, M.D. is President and CEO of the McGee Eye Institute. He also is Dr. Parke Professor and Chairman of the Department of Ophthalmology in the College of Medicine of the University of Oklahoma. Dr. Parke joined MEE in 1992 from the College of Medicine at the University of Missouri in Kansas, where he had been a member of the full-time faculty for nine years.

Continued on page 2

The McGee Eye Institute has a strong sense of its roots in and responsibility to the Oklahoma community. Although one of the



largest eye institutes in the country, it is only a quarter century old in a state yet to celebrate its centennial. Some of the Institute's founding Trustees and physicians still shepherd its activities. With their leadership, the dedication of

its Board, faculty and staff, the support of its alumni, and the trust of countless thousands of patients, the McGee Eye Institute pledges to continue its contributions to the science of ophthalmology and the art of vision care into this new millenium.



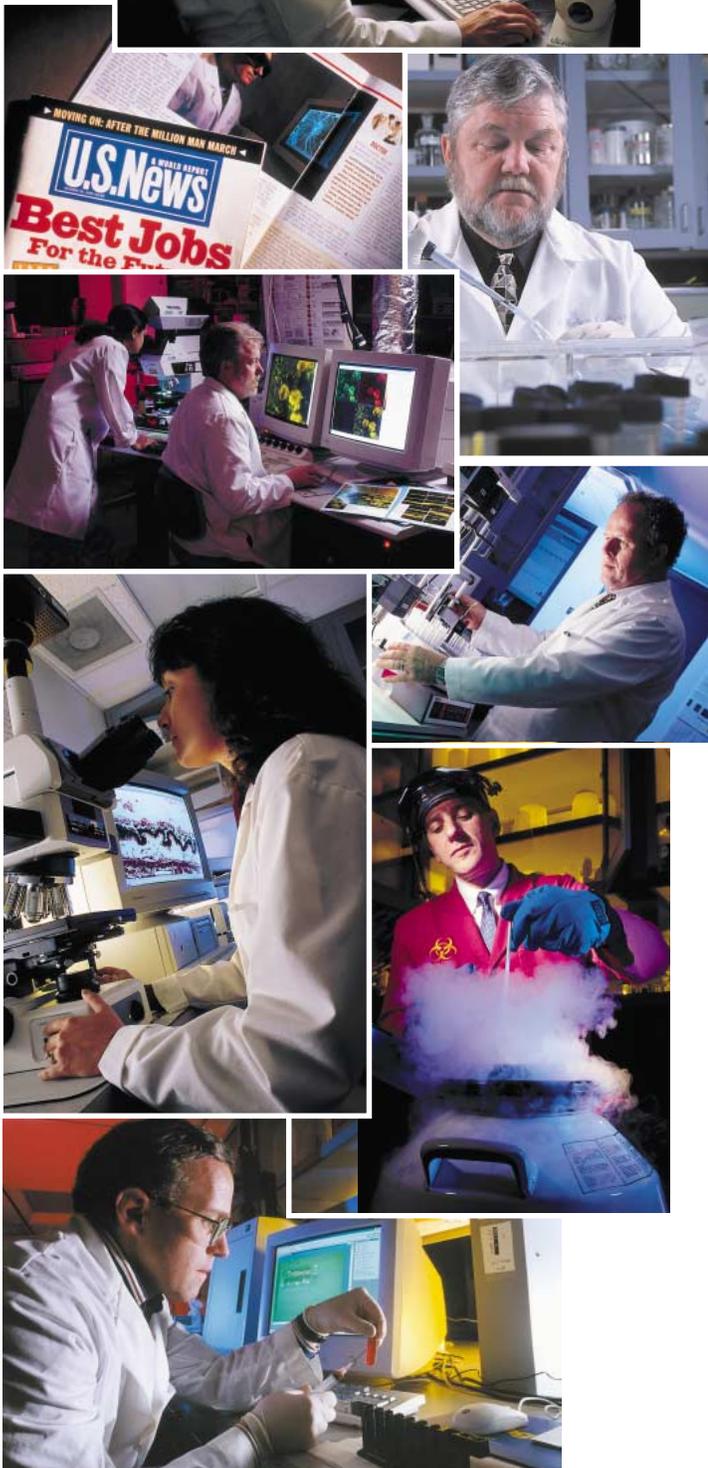
OEF Board members 1999



DMEI residents 2000



History, continued from page 4



## 2000 ANNUAL APPEAL: OPTICAL COHERENCE TOMOGRAPHY

Glaucoma has been called the “silent thief of vision”. It is “silent” because it first gnaws away unnoticeably at peripheral vision. Reading vision or central vision is generally affected only late in the disease. Detected early, it can generally be treated successfully. Two million Americans are afflicted with glaucoma, and one million of them are unaware that they have it.

One of the most important tools in managing glaucoma is the visual field test which measures loss of peripheral vision. It helps in glaucoma detection and in monitoring the progression of disease. Although a very useful test, it has its limitations. Recently the new technology of optical coherence tomography—very useful in diagnosis and management of retinal disease—has been adapted to measure subtle glaucoma damage. By illuminating the retina, its powerful imaging system combined with digital analysis can measure the thickness of nerve fibers in the back of the eye to within the accuracy of a red blood cell.

This new tool will assist both the glaucoma and the retina service not only in treating adults with disease but also in measuring early nerve damage in children unable to cooperate with visual field testing. It also has great promise as a clinical research tool in several different diseases.

The purchase of this cutting edge technology is expensive, costing \$50,000. Gifts received during this year’s Annual Appeal will be used to bring this exciting new diagnostic technology to the Institute. Please help us help our patients.



*New generation OCT unit*

*President's Perspective, continued from page 1*

of a revolution in health care business they shepherd a group of physicians led by physicians. The Board helps to ensure that, in the face of demanding operational issues, the Institute is able to address its true missions—patient care, vision research, medical education, and service to the community.

**Dean McGee Eye Institute 2000 Board of Trustees**

James R. Tolbert, III, Chair; John R. Bozalis, M.D.; Joseph J. Ferretti, Ph.D.; Clyde Ingle; Linda P. Lambert; J. Larry Nichols; David W. Parke II, M.D.; David E. Rainbolt, George J. Records; Michael S. Samis; Stanton L. Young; Fred H. Zahn; Hal D. Balyeat, M.D., Advisory; Reagan H. Bradford, M.D., Advisory.

The Dean McGee Eye Institute would never have achieved many of its goals without the partnership of several key organizations. They demonstrated their faith in us by helping to fund the development of the Institute's research program. The Samuel Roberts Noble Foundation of Ardmore, the Presbyterian Health Foundation of Oklahoma City, the Sarkeys Foundation of Norman, Research to Prevent Blindness of New York City, and the Mabee Foundation of Tulsa all awarded grants to DMEI at critical times in its development.

We also extend our sincerest gratitude to those many individuals and families who share with us a commitment to providing a better quality life for their fellow citizens. Most notable among these are the Gaylord family of Oklahoma City, the McCool family of Oklahoma City, the McGee family of Oklahoma City, and the Stephenson family of Tulsa.



*DMEI Donor Recognition Wall*

How well has the Dean McGee Eye Institute met the challenges and fulfilled the visions of its founders? Consider the following facts:

- ◆ DMEI has grown from four ophthalmologists in 1975 to 30 ophthalmologists in 2000.
- ◆ DMEI ophthalmologists deliver patient care at five clinical locations—the Oklahoma Health Center main campus,

Midwest City, Edmond, Northwest Oklahoma City, and Lawton.

- ◆ At every location, DMEI ophthalmologists practice the complete spectrum of comprehensive ophthalmology.
- ◆ Nearly 1,500 other physicians referred patients to DMEI in 2000.
- ◆ DMEI had nearly 100,000 patient visits in 2000.
- ◆ Thousands of patients from other states and countries seek care at DMEI annually.
- ◆ DMEI provides over one million dollars in uncompensated care to our less fortunate citizens every year.
- ◆ Every subspecialty in ophthalmology is represented at DMEI:
  - Vitreoretinal surgery
  - Medical retina
  - Cornea
  - Refractive surgery
  - Glaucoma
  - Neuro-ophthalmology
  - Oculoplastics
  - Low vision services
  - Pediatric ophthalmology
  - Anterior segment/cataract
  - Ophthalmic pathology
- ◆ DMEI offers other specialized services as well:
  - Ocularist/ocular prosthetics
  - Contact lens services
  - Ophthalmic photography
  - Ultrasound
  - Electrophysiology
- ◆ All DMEI ophthalmologists are either Board-certified or are less than three years from completion of training and are in the certification process.
- ◆ Eleven DMEI ophthalmologists are listed in *Best Doctors in America*
- ◆ In this upcoming year, DMEI ophthalmologists will serve in these major national leadership positions:
  - President: Association of University Professors of Ophthalmology
  - Trustee: American Academy of Ophthalmology
  - Director: American Board of Ophthalmology
  - Secretary for Education: American Academy of Ophthalmology
- ◆ In the past ten years, DMEI ophthalmologists have served as Principal Investigators on National Eye Institute and U.S. Food and Drug Administration-sponsored multicenter clinical trials dealing with:
  - Diabetic retinopathy
  - Endophthalmitis
  - Glaucoma
  - Cataract surgery
  - Refractive surgery
  - Ocular tumors
  - Macular degeneration
  - Optic nerve disease
  - Retinopathy of prematurity

*Continued on page 7*



*President's Perspective, continued from page 6*

- ◆ DMEI has been awarded Unrestricted Grant status by Research to Prevent Blindness, Inc—the nation's largest vision research philanthropy.
- ◆ DMEI is one of only a small handful of eye institutes nationwide to receive two RPB Doris and Jules Stein Professorships.
- ◆ DMEI's support from RPB during the past six years is higher than all but five other vision research institutes nationwide.
- ◆ DMEI is the coordinating, lead institution of a Southwest U.S. retinal research center funded by Foundation Fighting Blindness, Inc.
- ◆ DMEI's basic science vision research unit has grown to eight grant-supported investigators.
- ◆ DMEI faculty currently hold 13 active NIH grants.
- ◆ Current research grants total over \$13 million, with a fiscal year 2001 research budget of over \$4 million.
- ◆ In 1999 the Dean McGee Eye Institute/Department of Ophthalmology ranked 19th nationally in funding from NIH—the highest ranking of any OU department.
- ◆ DMEI holds the only NIH Core Grant (awarded for achieving a critical mass of scientists of consistent excellence in a specific field of inquiry) ever awarded in Oklahoma.
- ◆ Two clinician-scientists applied their interest and expertise in computer-assisted disease management with their clinical interest and created a new company. Along the way these two Oklahomans found themselves on the cover of *Newsweek*.

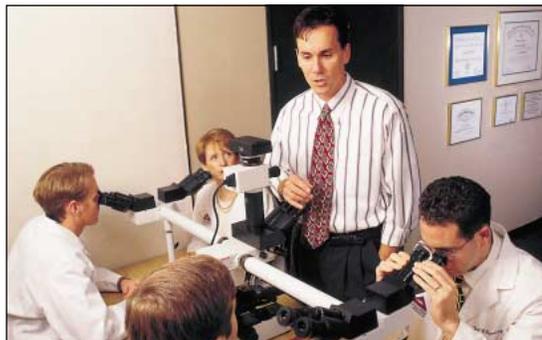


*Vision research laboratory*

- ◆ Over 40% of Oklahoma's ophthalmologists received either their medical school ophthalmology or their ophthalmology residency training at the Dean McGee Eye Institute.
- ◆ Hundreds of medical students apply annually for one of three ophthalmology residency positions at DMEI.
- ◆ DMEI conducts annual programs for over 1,000 grade school, high school, and vo tech students. The primary

purpose of these programs is to stimulate an interest in and appreciation for science in general and the miracle of vision.

Where do we go in the future? We have by no means designed the perfect residency training program. Ours is excellent. (When the Karolinska Institute in Stockholm, Sweden decided to rebuild its residency training program, it chose to study and emulate



*Dr. Sigler and residents*

two U.S. programs. DMEI was one of them). Ours is not perfect, however. Nor will it ever be since educational systems and the science of ophthalmology evolve at an ever increasing pace. We will work continually to improve our education of tomorrow's physicians.

Medical science has an incomplete understanding of the mechanism of vision and an inadequate treatment for many of our most serious blinding diseases. Much remains to be done in the laboratory to advance our knowledge and, through clinical trials, to apply this new knowledge to patient care.

(One critical constraint that currently faces us is space. We literally overflow our current facility. If we recruit new basic scientists and clinician-scientists, we must give them space in which to work.)

We are proud of these first quarter century accomplishments. We believe that they make manifest the dreams and goals of its founders. Make no mistake about it, however. These accomplishments are not the work of just a few people. They represent the collective talents and dedication of hundreds of faculty and staff and the keen stewardship of its Board of Trustees.

Equally significant, however, none of this could have happened without the loyalty and generosity of thousands of DMEI supporters in our community. As they share our vision, by their gifts they enable it. Many of them are current and former patients. Some we could help; others we couldn't. Yet all recognize the value of sight and believe that by working with us, they may be able to benefit others in their generation and in generations to come.

In conclusion, I thank you for sharing with me this chronicle of the history, past accomplishments, and future dreams of the Dean McGee Eye Institute. We pledge to you—our friends, colleagues, and patients—that we will do our best to make you proud.





## DMEI TELEPHONE DIRECTORY

### OKLAHOMA CITY

608 Stanton L. Young Boulevard

#### Cornea and Refractive Surgery

(405) 271-1095  
James Chodosh, M.D.  
Rhea L. Siatkowski, M.D.  
Thomas C. Wolf, M.D.

#### General Ophthalmology

(405) 271-1090  
Hal D. Balyeat, M.D.  
Cynthia A. Bradford, M.D.  
Robert P. Shaver, M.D.  
Deana S. Watts, M.D.

#### Glaucoma

(405) 271-1093  
Adam C. Reynolds, M.D.  
Gregory L. Skuta, M.D.

#### Low Vision

(405) 271-7834  
Rebecca K. Morgan, M.D.

#### Neuro-Ophthalmology

(405) 271-1091  
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Nancy A. Townsend, B.C.O.

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P. Lloyd Hildebrand, M.D.  
Scott C. Sigler, M.D.  
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Dana M. Jones, O.D.

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R. Michael Siatkowski, M.D.

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Stephen R. Fransen, M.D.  
Ronald M. Kingsley, M.D.  
Sumit K. Nanda, M.D.  
David W. Parke II, M.D.

#### Trauma/Emergency

(405) 271-6060

### EDMOND

301 S. Boulevard, #119

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(405) 348-0913

Diana H. Locher, M.D.  
Jeffrey T. Shaver, M.D.  
Jean Ann Vickery, F.C.L.S.A.

### LAWTON

3201 W. Gore Blvd., #105

#### General Ophthalmology Ophthalmic Surgery

(580) 250-5855

Walter J. Peters, Jr., M.D.  
Ann A. Warn, M.D.

### NORTHWEST OKC

3500 N.W. 56th, #101

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(405) 271-9500

Gemini J. Bogie, M.D.  
Layne E. Goetzinger, M.D.  
Ralph B. Hester III, M.D.  
Mika M. Hague, N.C.L.C.

### MIDWEST CITY

8121 National Ave., #407

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(405) 733-4545

Darrell J. Pickard, M.D.  
R. Randall Robinson, M.D.  
Wanda A. Fisher, N.C.L.C.

Visit our website at [www.dmei.org](http://www.dmei.org).

Dean A. McGee Eye Institute  
608 Stanton L. Young Boulevard  
Oklahoma City, Oklahoma 73104

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