

school, M.D. degree, one year internship and a three-year residency in ophthalmology. The doctor must then spend at least another year in some phase of ophthalmology before he is eligible to take an examination in order to be certified by the American Board of Ophthalmology. For the foregoing reason we specifically object to the first sentence of Sec. 2 which declares optometry to be a profession and not a mechanical art. Traditionally, historically and by law there are only three learned professions, law, medicine and theology, none of which gained their position by legislation. We also specifically object to Sec. 3, (2), (a) which would permit the employment of any objective and subjective examination of the human eye. The term objective and subjective examination is so broad it encompasses practically every type of eye examination. It would permit an optometrist to extend himself beyond his training. In H.R. 12276, Sec. 9(d) (4), Page 14, line 23, we specifically object to the use of the term, "direct personal supervision", which we imply to mean the actual physical presence of an optometrist, doctor of medicine or osteopathy, when an assistant performs such acts for which they are well trained. We would substitute the term under the "direction of".

We also specifically object to Sec. 3, (2), (a) which would permit the employment of any objective and subjective examination of the human eye. The term objective and subjective examination is so broad it encompasses practically every type of eye examination. It would on the one hand permit an optometrist to extend himself beyond his training and on the other hand prevent such a simple procedure as a nurse taking vision or an ophthalmic technician (assistant) taking fields or measurements of the eye pressure under the direction of an ophthalmologist. This means that nurses would be prevented from performing such a simple task as visual screening in our schools, clinics and offices. As a result of these visual screening test thousands of children enjoy better vision.

Many of us employ ophthalmic technicians (assistants) who do visual acuity, visual field and tonometric tests. Since 1957 Howard University College of Medicine has employed a glaucoma technician. Every patient over thirty-five entering the hospital is screened for glaucoma. If the measurement is suspicious, he is referred to the glaucoma clinic. A glaucoma technician is also employed to perform similar duties in a research study to determine if there is a correlation between glaucoma and diabetes. To conduct such a study in which it is necessary to examine a large number of patients an ophthalmic technician is vital. The technicians are under our direction and we are responsible for their actions.

For the past four years Georgetown University, in addition to its four-year training program of 16 eye resident physicians, has been engaged in a pioneer program of training future ophthalmic assistants. The duration of each course is two years. This is not only the first Federally supported training program of its kind in our nation but it has also already served as a model for similar programs in other countries. It was developed in recognition and acceptance of the responsibility of academic medicine to lead new ways toward still better and more comprehensive eye care of our population.

It must be realized that the community-conscious efforts of Washington's three medical schools are reflected not only in their eight affiliated major hospitals and eye clinics but also in the eye care of thousands of institutionalized senior citizens at D.C. Village and of minors at the District Training School. Finally, the entire Public School vision screening program, encompassing every year about 110,000 school children, is channelled into special eye clinics where all those children are seen who did not pass the screening. These eye clinics are professionally staffed by university resident physicians and qualified ophthalmologists who are aided, by ophthalmic assistant trainees (previously called technicians). While the Optometric Center laudably participates in providing refractions and glasses for these needy children the heaviest load is carried by the universities. Furthermore, definitive treatment of the many cross-eyed children, involving elimination of poor vision, orthoptics and surgery, is provided at university affiliated hospitals. These programs would be nearly or completely (e.g. orthoptics) impossible without the help of trained technicians.

In the case of Certified Orthoptists the situation created by the proposed bill H.R. 1283 is almost unbelievably anachronistic. For over 30 years the American Orthoptic Council with its stringent criteria for training and certification of orthoptists has voluntarily rendered an invaluable service to the American public. Sec. 3, (2), (g) would make it illegal for any orthoptist to help a cross-eyed patient by using her special skills under the direction of an ophthalmologist in the District of Columbia.