

At the Children's Hospital of the District of Columbia unique research has been carried on for the past few years. In the operating rooms ophthalmologists have been able to fit infants after surgery for congenital cataracts with corneal contact lenses, saving one or both eyes from practical blindness. This research and its results have hitherto been unheard of in the world. Without the help of technicians this work cannot be carried out.

During these very summer months, Georgetown University, in collaboration with the D.C. Health Department and the D.C. School Board and without any cost to the District of Columbia, is conducting a special school and pre-school children accelerated vision screening program which is for research purposes administered exclusively by ophthalmic assistants trained by that medical school. This study proceeds with the knowledge of, and without objections from, the D.C. Optometric Society. At its conclusion in fall the results and experiences will be made available to all interested organizations including the Optometric Society.

Mr. Chairman, the responsibility of the three medical schools of the District of Columbia lies in training the best possible physicians for tomorrow. At the same time we are keenly aware of our moral obligations toward the health of our community. We would be remiss in these obligations if we would sanction tendencies or even legislative attempts to undermine existing and well-regulated ancillary medical occupations, such as orthoptists. But we would also be remiss if we would ignore the constantly changing picture of the medical needs of our population.

The dire need of this country for increasing the available health manpower has been recognized and acknowledged by Congress with the passing of the Allied Health Profession Personnel Training Act of 1966. A good illustration of some of the anachronisms hidden in H.R. 1283 can be obtained by reading the list of occupations eligible for Federal Training Grant support under this new Act which includes Ophthalmic Assistants. It was no surprise to us but it may not be known to all Committee members, that this Act includes also Optometric Technologists. We understand that Federal grant support has indeed already been extended to an Optometric Technologists training program at the Indianapolis University. Finally, at the recent American Optometric Association Congress in Portland, Oregon, the Resolution No. 1 was adopted by their House of Delegates on July 1, 1967, which strongly urges development and further support of training centers for Optometric Technologists and Ophthalmic Assistants.

Today both ophthalmology and optometry recognize that even perfect harmony between the two fields would not be sufficient to meet the eye care needs of the American public. Technicians, assistants, technologists or whatever term is preferred are needed in many aspects of eye care. To deny such need or to render impossible the use of such trained persons would not only be extremely myopic but would also defeat the purpose of the amended Health Manpower Act. Moreover, such a step should also be contrary to optometry's own goals.

The deans of the three medical schools of the District of Columbia join unanimously their Professors of Ophthalmology in opposing H.R. 1283 in its present form and in supporting its revised form as submitted by the Medical Society of the District of Columbia.

Respectfully submitted.

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