Dr. KLING. Since this is a joint statement, you will see this was decided upon when H. R. 1283 was being discussed. As a result some features of this letter are already out of date. I will attempt to delete those no longer applicable.

This bill has many good features. The zeal of some optometrists to improve the quality of optometry practiced in the District of Columbia is, in our opinion, commendable.

Can it be, however, that some would seek, through legislation, a status which is possible only through education? We who are engaged in the training of ophthalmologists are concerned when it is proposed to grant the same rights and privileges to any group that has less training. We believe that the health and welfare of the public may be at stake. In order to become an ophthalmologist, one must have a college degree, an M.D. degree after four years training in medical school, one year or more of internship, and three years of residency training in ophthalmology.

We do object, therefore, to legislation which attempts to equate optometric training with ophthalmological training as preparation for service in the field of eye care.

We also specifically object to Section 3, paragraph 2(a) of the previous bill which would permit the employment by optometrists of any objective and subjective examination of the human eye. This expression encompasses every type of eye examination.

It would, on the one hand, permit an optometrist to extend himself beyond his training. On the other hand, it would prohibit nurses and ophthalmic technicians from performing under the direction of an ophthalmologist such simple procedures as checking visual acuity, measuring visual fields and measuring intraocular pressure.

As we understand it, it would prohibit nurses, parents and friends from performing visual screening in our schools.

Many of us employ ophthalmic technicians who measure visual acuity, visual field and intraocular pressure. Since 1957, Howard University College of Medicine has employed a glaucoma technician. A technician is also employed in a research study involving glaucoma and diabetes. Performing such large studies would be impossible without the help of ophthalmic assistants. For the past four years, Georgetown University, in addition to training eye physicians, has trained ophthalmic assistants. This federally-supported, two-year training program is well accepted in this country and is being imitated in other countries. It was developed in recognition of the responsibility of academic medicine to find new ways towards still better and more comprehensive eye care for our citizens.

The efforts of Washington's three community-conscious medical schools are evident not only in the eight affiliated major hospitals and eye clinics, but also in the eye care provided to thousand of institutionalized senior citizens at D. C. Village and of minors in the District Training School.

The public school visual screening program, including about 110,000 school children each year directs children into special eye clinics which are professionally staffed by university resident physicians and by qualified ophthalmologists aided by ophthalmic assistants.

The optometry center, laudably, participates in the cases of these children, but the heaviest load still is carried by the universities.