Definitive treatment of the many cross-eyed children involving the improvement of poor vision, and surgery is provided at university-affiliated hospitals. These programs would be nearly or completely impossible without the help of trained technicians. This treatment would be given by certified orthoptists by the proposed bill, H.R. 1283—and, incidentally, the newer version is unbelievably anachronistic. For over thirty years the American Orthoptic Council, with its stringent criteria for the training and certification of orthoptists has voluntarily rendered a valuable service to the American public.

Section 3, paragraph (2) (g) of the earlier bill, not changed in the later bill, 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.

Unique research carried on during the past few years at the Children's Hospital of the District of Columbia has brought useful vision to infants who in early times could not have been helped. Incidentally, it also has brought more world renown to our Children's Hospital.

The fitting of corneal contact lenses to these infants in the operating room after surgery for congenital cataract cannot be accomplished without the help of highly skilled technicians.

During this summer Georgetown University, in collaboration with the D.C. Health Department and the D.C. School Board, without any cost to the District of Columbia, is continuing a special accelerated visual screening program for school children and pre-school children. This program is being administered by technicians who were trained at Georgetown University Medical Center.

The three medical schools of the District of Columbia are doing their utmost to produce the best possible physicians for the future. They also are doing a very good job of training ancillary medical personnel.

We would be remiss in our duty if we did not call to congressional and committee attention legislation which would tend to undermine the good work of these well-trained people. The serious need in this country for increasing the availability of health manpower has been acknowledged by Congress with the passage of the Allied Health Professions Personnel Training Act of 1966. A good illustration of some of the anachronisms hidden in H.R. 1283 and not completely corrected by later version, can be obtained by reading the list of occupations eligible for Federal training grant support under this new act. It includes ophthalmic assistants.

It was no surprise to us, but it may not be known to all the committee members that this act also includes optometric technologists.

At a recent American Optometric Association Congress in Portland, Oregon, resolution No. 1 adopted by their House of Delegates on July 1, 1967, strongly urges development and further support of training centers for optometric technologists and ophthalmic assistants. The need and desire for eye care in the United States is more than enough to keep all our ophthalmologists, all our optometrists, technologists, technicians, assistants and volunteers, busy. To render impossible the use of such trained persons would be most uneconomical and would tend to defeat the purpose of the amended Health Manpower Act.