

sional training and professional judgment. Optometrists and ophthalmologists constitute the health manpower trained for these tasks. Because their competencies overlap, but they each have unique skills, a close interprofessional relationship is required in the interests of the children. The training of technicians, varying between 6 months to 2 years, does not prepare them for this kind of service nor does it compare to the training of optometrists, 6 years of college, nor to that of ophthalmologists 8 to 10 years of college. If proper relationships are developed between optometry and ophthalmology, there will be a lessening of the manpower shortage and an improvement in the quality of service to children. There really is little overlap in their interests as shown by the research publications in 1964 of the Department of Ophthalmology and the School of Optometry of the University of California as shown in *Table V*.

TABLE V
[In percent]

Classification	Ophthalmology	Optometry
Anatomy.....	7	-----
Disease.....	12	-----
Experimental pathology.....	77	-----
Neurosensory physiology.....	2	-----
Optics and refraction.....	-----	12
Visual physiology.....	-----	45
General.....	2	41
		2
Total.....	100	100

It should be the goal of the vision services portion of the comprehensive health program for children that every child, at planned intervals, have: 1) an evaluation of his eye health; 2) an analysis of visual acuity, refractive error, and coordination; and 3) an assessment of his vision performance. These should be explored in as broad a form as possible. The crucial needs are to bring disease under treatment to protect the child's health, to identify the children with problems of vision and remove or compensate for the handicap, to locate the children with vision performance problems so that treatment procedures may be implemented, and to provide these services in an environment of comprehensive health care. Clearly, to do less would be to deny some children the best care we know how to provide.

SUMMARY

If vision care is to be part of a coordinated, comprehensive, and continuing program, it must be provided in the social setting devised for all other health care of children. Optometric, and to some extent ophthalmologic, services have been fractionated, separate from the general health care of children. It is time these professions and their services be brought together for their complementary, rather than competitive, benefit to children and both be made an integral part of the comprehensive program.

The recommendation then is for the Federal Government to enact such legislation as is appropriate to: 1) stimulate the development of a comprehensive approach to the health care of children, including vision care, in: (a) children's health centers where a comprehensive scope of services can be made available, and/or (b) group practice or individual practice arrangements designed to provide the necessary scope of services; 2) provide funds to plan and implement experimental or demonstration programs for children's health care. It is suggested that the units, in (a) and (b) above, be as small as possible and still provide comprehensive care and be as widely distributed in the community as possible to provide easy access. It is recommended that a pediatrician be the person in charge of the professional services of each of the centers or coordinated units, that optometrists and ophthalmologists be active participants in implementing the vision care services, and that these recommendations be written into the legislation. It is highly desirable that optometry's position in these centers or units be established by law, since the history of many private and public clinic programs show discrimination that has excluded optometry to the detriment of the public. The professional skills, knowledge, and judgment of optometrists represent a major health resource that should be utilized.