

Statement by Charles B. Bobo, M.D.
In Rebuttal to the Report of the Committee on Need*

1. In my opinion, there is little documentary back-up to support the sense of urgency toward providing additional optometric student positions in the tri-state area. There is national evidence suggesting that the supply of optometrists from optometry schools in the nation will be sufficient to double the total number of optometrists in practice by the year 2000. Dr. Reinecke, the consultant from New York, stated this in his summation letter to Mr. Davenport.
2. At a recent meeting, held in Anderson, concerning optometric education, I made the statement, and Mrs. Emily Collum agreed, that preschool children are adequately screened in every school district in South Carolina. Age four is the most critical age, for developmental reasons, to screen. It is unnecessary to have optometrists or ophthalmologists to screen a child; a less trained nurse or teacher can easily do this with a minimum of special training. As far as school children are concerned, they are old enough to tell you they can't see. Teachers can be educated to pick up symptoms such as eye strain or the fact that a child may need glasses. Health care professionals are not needed to do screening in schools. It can easily be done and is being done by professionals who are in the schools working with the children every day.
3. Citizens in rural areas have access to optometric services. There is an optometrist in every county in South Carolina. There are 73 communities with optometrists. In addition, there are 2,000 medical doctors in 175 communities in South Carolina who deliver primary eye care. These M.D.s can treat eyes medically or refer patients to ophthalmologists, whereas optometrists are limited to fitting glasses. There is an ophthalmologist within 30 miles of any area in South Carolina. Dr. Irwin made a good point that if transportation is a problem, the community should arrange a transportation service for the aged and the indigent. Therefore, communities in rural areas are being served.
4. The people in charge of public institutions for the blind, physically handicapped, mentally retarded, mentally disturbed, and inmates of penal institutions are seeing that proper vision care is given to such persons, either in a public way or by taking them to private practitioners in the surrounding area.
5. The "Policy Statement and Formulation of an Approach for Cooperative Expansion of Optometric Education," prepared by Dr. Fulton and others, contains the statement: "However, optometric spaces now available through the Southern Regional Education Board contract arrangement for training of students from the tri-state region under consideration are not expected to change significantly over the next five to fifteen years." The Southern College of Optometry is expected to reduce its enrollment somewhat, but the number of spaces for optometric students at the University of Houston is expected to compensate for the anticipated loss at Southern." Others, such as the University of Alabama, will have additional spaces available also.

*Remarks by Charles B. Bobo, M.D., acting member of the Task Force on Optometric Education of the Health Education Authority, representing Robert P. Bland, M.D., at the meeting of the Commission on Higher Education, April 7, 1977, Columbia, South Carolina.

I disagree with the statement made by Dr. Ramage, and quoted by Mr. Davenport, that in the Southeast the attrition and influx will equalize itself. The Southeast is the most attractive area in the country right now. Economically, climatewise, nonunionwise, the Southeast is the place to come. Ten ophthalmologists came into South Carolina last year, eight from out of state. I have a partner who came last year from Philadelphia who would not want to return there. He does not even like to go back to visit. There is only one residency program in South Carolina, and it has been in existence for about 10 years, turning out two at first, and now three residents. Two-thirds of the ophthalmologists now practicing in South Carolina were trained out of state. We know of five who will come to South Carolina next year. This is an attractive area. It has been proven. The first reports submitted by the Task Force on Optometric Education indicated that only 39 ophthalmologists were practicing in South Carolina. Optometrists must be coming into the state, too. Every optometrist had to be trained in another state, so they do come in. Why should we fund our own institution when they can come in from elsewhere?

6. South Carolina does not need to provide a school for practicing optometrists to participate in continuing education programs. If they are trained in postgraduate programs in only one place, they will be narrow minded, less trained, and without a broad scope. They need to go around to other states to get the best postgraduate education. Two or three seminars are now held in South Carolina each year attended by people from other states. We don't need a \$2 million school just to have continuing education. It can be gotten, if you have the money and time and motivation to go learn. In fact, you can even write it off; you've got a free trip. Who wants to go to Charleston every year when he can go to New Orleans for a change. (No offense intended, Charlestonians!)
7. It will cost just as much to train optometrists as it costs to train ophthalmologists. The \$2 million net annual operating cost, divided by 20 allotted spaces, results in \$100,000 per student per year. Dr. Robert D. Reinecke, in his letter of March 23, 1977, to Mr. Davenport, stated that "the enrollment of the school not be set at a potential of 90 per year, which seems to be far in excess of those needed, but rather more in terms of one optometric student for every resident ophthalmologist in the tri-state area." If you reduce that figure by half, you are down to ten students in South Carolina. Operating expenses, however, will not be reduced accordingly. The cost per student would then be \$200,000 per student per year, the cost of training an ophthalmologist who has been fully and medically trained. Which do you prefer, a man who can fit glasses only, or a man who can take care of all the medical needs of eye care for the same dollar?
8. The Medical University of South Carolina would not be enhanced by the addition of a school of optometry; the contrary would be true. When a medical institution takes a nonmedical school and puts its dean on an equal basis with the dean of medicine, that institution's reputation and image will not be enhanced. Elevating nonmedical optometrists to the level of a medical school dean would result in lowering the image of the institution.
9. Assuming national leadership in the development of the first breakthrough in regional interstate sharing of capital and operating costs in health education, academic collaboration, and cooperation in management is not a strong argument for the development of such a school.

10. While I would like to see more cooperation between optometry and ophthalmology, the development of a school of optometry at a medical institution has been done in only one state -- Alabama -- and it has not worked there. That institution has lost three department heads; there is no ophthalmologist on the staff at that institution; and the relationship between members of the two professions in Alabama is not good. Further, that institution is the one which the proposed school in South Carolina was modeled after. There is an effort to rectify the disagreements and problems in Alabama. Dr. Reinecke recommended that "optometrists make every effort to resist the temptation to foster legislation which will act as a further divisive force between ophthalmology and optometry." South Carolina would have to do things differently from the way they were done in Alabama to accomplish that goal.
11. It is clear that consumers prefer ophthalmologists to optometrists. There is no question about it. The following statements are samples of many provided by Mrs. Emily Collum from a survey of school nurses in South Carolina: "I would prefer that all children be checked by ophthalmologist rather than optometrist ..." "I am under the impression that it is best that young children be seen by an ophthalmologist in order that any abnormalities be recognized early." "I think that all students under 15 years of age should be seen by an ophthalmologist for the purpose of dilating the pupils." "Personally, I prefer an ophthalmologist in that diseases or other medical problems can be detected and treated." "I prefer to refer my students to an ophthalmologist." "An ophthalmologist is preferable because he is permitted to dilate the student's pupil and can check eye grounds. Many eye diseases are not diagnosed because they (students) failed to be referred to an ophthalmologist." "The ophthalmologist is equipped to do more complete evaluations of visual problems and is also more conservative when prescribing prescriptions for glasses." "I definitely prefer an ophthalmologist's evaluation rather than an optometrist's." "I have more confidence in the ophthalmologist because of his medical training." Ophthalmologists are unquestionably preferred.
12. The manpower needs of other Southern states and their intention to seek additional contract spaces through SREB should not be a consideration of South Carolina. The other Southern states can attract their own people from the Northeast and the West and places that are less attractive, and can provide more economically attractive opportunities. Why should South Carolina be the one to sponsor the school for their benefit? We have to think about our own needs and resources.
13. The population base in the Charleston area is insufficient to support clinical training. The ophthalmology residency program served 18,000 patients last year, including returns. There was no excess and no backlog. The area could not also support clinical training in optometry. Dr. Vallotton stated that a consortium arrangement is unworkable. At a meeting recently in Anderson, Dr. Fulton suggested that one possible solution to the problem would be to arrange for optometrists in private practice to assist in the training of students. A practicing optometrist does not have the time to talk with students. This is not a practical solution. Dr. Fulton also suggested the possibility of sending optometry students to Duke University, Emory University, and other medical schools. Those institutions do not have optometry schools or faculty to teach optometry courses. The ophthalmologists at those institutions are occupied with training ophthalmologists. Dr. Reinecke stated that "I have great concern about the availability of patients for appropriate education of the optometric students. In the past, other schools of optometry have penalized the students severely by not affording appropriate clinical experience. Only by achieving the appropriate cooperation between optometry

and ophthalmology can this liability be corrected in the future."

14. The report of the Committee on Need compared the ratio of the number of practicing optometrists to the population of South Carolina (1:14,500) with that of ophthalmologists practicing optometry -- "equivalent optometrists" -- (1:12,000). That is an artificial ratio that doesn't necessarily mean anything. I think you need something more concrete, such as our telephone survey. Dr. Aron's survey, which was mailed to you, will collaborate that. Dr. Aron, who is staff statistician for the American Optometric Association, indicated that, in a survey conducted in 1973-74 in which over 6,000 of 14,000 optometrists were contacted, the average optometrist performed 1,419 examinations a year for 49 weeks a year, on the average, five days a week, 39 hours a week. This averages 5.7 examinations per day. One-fourth of the optometrists indicated that they saw less than four patients a day. Seventy-five percent said they could see two more each day, collaborating our survey that optometrists are not busy now. Most of them have no assistances, other than clerical. In contrast, every ophthalmologist has at least two technical assistants. Ophthalmologists see an average of 30 patients a day, making them five times more efficient than optometrists. That makes it worth five times more to train him.
15. The report of the Committee on Need stated that the Committee "foresees the feasibility and desirability of periodic monitoring of the supply and demand for vision manpower in South Carolina, with attention given to minority participation in the profession of optometry, including women and individuals from underserved areas." This is a national problem. South Carolina does not need to start a school in order to try to do this kind of thing. It is being done nationally with increased educational opportunities on a national level. South Carolina does not need to assume that role.
16. The report of the Committee on Need recommended that South Carolina, North Carolina, and Georgia initiate a proposed Joint Practice Commission for Vision Care in order to develop the best possible relationships among ophthalmologists, optometrists, and others involved with eye care. What does this have to do with the need for a school of optometry? It is certainly no justification for building a school in South Carolina.
17. The Committee on Need stated that it perceives an opportunity for improvement in interprofessional relationships through the representation of ophthalmology on boards, councils, and committees that will be formed to assist in the governance of the proposed regional school of optometry. It never happened in Alabama, and that's our model. This is no justification for a school that is not otherwise needed.
18. To suggest that a school of optometry in South Carolina would help improve the quality of education of future optometrists implies that the quality of the other thirteen schools of optometry in the country is not up to par. This is contrary to what the advocates of the proposed school say when they are talking to the Legislature. We do not need to build a school in South Carolina to improve the quality of education of optometrists.
19. The report of the Committee on Need suggested that a consideration of the need for a regional school should be the coordination of the relationship of all parts of the vision care spectrum, and enhancement of referral patterns. This is unrelated to the need for such a school.

20. Why should South Carolina assume the role of providing a school of optometry and bear the expense of building one when optometric education is available elsewhere. You are already subsidizing optometric education elsewhere. These seats are available for at least 15 years for South Carolina students.
21. The Committee's mention of the "opportunity to adjust the supply to the need and demand in South Carolina and in all states by careful monitoring" sounds like a government "Big Brother" state. The free market accomplishes that.

Summary

Do you need a school of optometry here? What is the role of optometry in vision care? What are the educational qualifications? What are the legal limitations? The optometrist is not a medical practitioner and has not been to medical school. He is required to have two years of undergraduate school and four years of optometry school. Only a few of the thirteen schools of optometry have medical doctors on their staffs, and they teach classroom courses only. There are no ophthalmologists teaching eye disease at any school of optometry in the nation. Legally, by definition, in South Carolina optometrists are limited to fitting glasses and contact lenses. They are not permitted to use any medication. We are discussing the training of people to fit glasses only. We ophthalmologists recognize the importance of optometrists. We have always worked with them. But we are not going to stand by and let them diagnose and treat eye disease. The ophthalmologist is the ultimate giver of eye treatment because he has the education. M.D.s are fully trained to deliver primary eye care. Most diseases of the body affect the eye.

No evidence of the need for a school of optometry has been shown. Our survey of telephoning around the state and the survey made by the optometrists themselves confirm our statement that optometrists are not busy now and that they are not efficiently being used. The need for increased optometrists or ophthalmologists can be met by utilizing present schools in other states. A projection made by HEW predicts an adequate number of ophthalmologists (17,000 by 1990). There are 11,000 or 12,000 now. Optometry has an important but limited role. The public prefers ophthalmology. The report of the Committee on Need clearly shows that.

An amendment called the "Duffy Amendment" added to the physician's assistant bill a couple of years ago prohibits the optometrist's or the ophthalmologist's assistant from doing refractions, which is nothing but data collection and can be supervised by an expert refractionist. The assistants could do a lot of this work, saving the more valuable time of the ophthalmologist or optometrist. The optometrists insisted on adding the amendment to the bill. I think it should be repealed instead of building a school. It would cost nothing to repeal the amendment.

It will be no cheaper to produce an optometrist if this school is built than presently costs South Carolina to produce an ophthalmologist.