

A CJO Interview

Part II of a Conversation with Edward B. Higgins, the first Director of the Canadian Association of Optometrists

Introduction

In our last issue, we presented Part I of an interview conducted with Mr. Higgins. In Part II, the interview takes on a somewhat different flavour, becoming instead a roundtable collection of reminiscences by Mr. Higgins, Drs. Irving Baker (IB), the Registrar of the College of Optometrists of Ontario, Maurice Belanger (GMB), Senior Editor of the *Canadian Journal of Optometry* and Ron Macpherson (RM), a Napanee optometrist and a past President of the Canadian Association of Optometrists.

Prominent in this discussion is the recollection of Optometry's first tentative foray into a self-managed insurance program and Mr. Higgins' thoughts on the role of the national Association.

This section concludes the interview with Mr. Higgins but, in a future issue, the Higgins Report and its recommendations, alluded to many times in the course of this interview, will itself be explored. Although the report has been on paper now for some thirty years, the profession is only now entering some of the phases that were forecast in the report.

But for now, once again, Mr. Ed Higgins . . .

(HIGGINS INTERVIEW — PART II)

GMB: During your many years in Optometry, what would you consider to be the biggest problem the profession had to face?

EBH: To my mind, it was to secure the recognition of Optometry as an integral part of the health care service by Medicine and other health groups and politicians and bureaucrats who had been brought up on a diet that only Medicine knows or cares about health matters. The general public did not share this view because Optometry was doing 70 to 75 per cent of all vision care services in those years. If the general public had mistrusted optometrists, the profession would not have survived. It did survive because it was rendering quality vision care.

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GMB: Do you think that Medicine, more particularly Ophthalmology, was ready to accept Optometry?

EBH: Medicine, although biased, had a more open mind than Ophthalmology, but the parent group could not be seen to openly oppose Ophthalmology's narrow approach to vision care. And this anti-Optometry attitude was evident in the propaganda released — “cannot examine

eyes without drops” — “optometrists cannot recognize disease, particularly glaucoma” — the glaucoma days when optometrists could not participate, brainwashing the school nurses, educators that only Medicine could be trusted with children's eyes.

GMB: Soon after the war, social attitudes began to change with respect to health care and its availability to all. Can you account for this change in attitude and what effect would this have on Optometry as a health care profession?

EBH: Part of this change must be attributed to Prime Minister Mackenzie King who was always somewhat of a socialistic mind, generated by his universality training and his first years as a newsman and also as a civil servant in the Department of Labour before becoming involved with active politics.

He was aware of socialistic trends throughout the world and probably any reports revealing successful projects drew his attention. The socialized health care activities in Sweden particularly struck him.

In 1939, he set up a commission of enquiry to report on all national or social health care projects in existence the world over. This enquiry resulted in what is commonly known as the Haggerty Report in 1944.

This report, however, received little publicity, apart from politicians, health care professionals and bureaucrats involved in health care matters at federal and provincial levels. In fact, it was

aimed at informing sitting Members of Parliament on these matters.

In those early years, health care plans were called medical plans because it was felt health care involved only the medical profession as the purveyors of health services. Discussions for a plan in Canada conveyed the idea that only "catastrophic expenses" would be paid, as recommended by the Haggerty Report.

Discussions among the professions were mixed, but the consensus of all groups at that time would have favoured "free enterprise". A national plan seemed to be a first step into "socialized medicine". The proponents of free enterprise felt the practitioner would lose his freedom and become simply a civil servant.

IB: In those pre-war, war and immediate post-war years, no private medical plans existed except those classed as "indemnity plans". These plans would reimburse the subscribers' part of their medical expenses. Benefits were not tied to specific illnesses, but to expenses incurred. The Ontario Association had such a plan with the Continental Casualty Assurance company.

Who the father was of comprehensive prepaid health care plans, I am unaware, but it could likely have been some member of the Ontario medical fraternity.

In those days of PSI and COSI (Physicians' Services Incorporated and Canadian Optometric Services Incorporated: Ed.), we did not realize it then but, retrospectively, when we look at it, we were going through a tremendous learning process.

If one were to record these changes strictly as events in isolation from the times, for people reading them today, they would make no sense at all.

EBH: You are quite correct and we are able to profit from the process and use it for our own benefit.

IB: The discussions and trends brought about by the Haggerty Report, as Ed just mentioned, were only the beginning. We were going through a period of widely ranging social and political change. If one were to record these changes strictly as

events in isolation from the times, for people reading them today, they would make no sense at all.

Our going to PSI and being booted out, our attempts to sell COSI, the positions of Optometry throughout the nation, all of this makes sense only if you put it in the context of what was happening at the time.

We had to work to study the situation to see what effect it would have on the profession — and we were not the only profession uncertain of the future. Even Medicine was in a quandary, as is evident by their founding PSI.

The rationale behind PSI was an attempt to provide coverage as comprehensive as possible to as many people as possible.

Medicine perceived these trends correctly and sat down and said, "Look, how we can meet the change without having government authority over us?" That's the genesis of PSI. It does seem motivated by the concept of "wanting to help our fellow man".

The rationale behind PSI was an attempt to provide coverage as comprehensive as possible to as many people as possible. It was not gone into voluntarily, but was an attempt to subvert any government plan.

If Medicine could show that private enterprise could meet the needs of the public in health matters, then a government sponsored health care plan was not required and the professions, mainly Medicine, would remain free enterprises and control fully their destinies.

RM: But some provinces viewed federal funds as interference. Did not Premier Robarts say, "Give us the money and we will administer it ourselves"? Did he not include Optometry out of provincial funds? Was PSI in effect at the time?

IB: Oh, yes. PSI came into being in Ontario in response to a recognized trend and the trend was that people wanted this coverage. So the OMA developed PSI within the medical structure.

EBH: The OMA financed the plan and formed a lay corporation to develop and

market it to any group which was interested: business firms, manufacturers, labour unions, even individual government departments.

And, of course, only physicians' services were reimbursed in any of these plans. Dental, optometrical, chiropractic, nursing care were all excluded.

IB: Had it remained at this level, optometrists would not have been seriously hurt, except in cities like Oshawa and Windsor where the UAW had PSI or WMS plans covering all GMC, Chrysler or Ford employees and the smaller parts manufacturers.

But it soon spread. Most large life insurance companies had group plans offering life insurance and indemnities and accident coverage to a very wide spectrum of the public. The subscribers to these plans, when comparing their own plans to PSI, found them to be less comprehensive and requested their unions or employers' cooperatives to copy the PSI coverage, which meant only medical services would be covered.

EBH: The extension of these exclusively medical plans became a serious problem because all offered "a refraction benefit", that is, an eye test for glasses, and excluded Optometry.

They soon spread across the country. Manitoba Medical Services was started as well as Maritime Medical Inc. Moreover, the insurance companies did not confine their sales activities to Ontario.

IB: Ontario did take some steps to counter these discriminating or biased plans.

GMB: I can remember that, when I graduated in 1945, PSI was operating, but not extensively. In a matter of two, three years, it expanded dramatically.

At that time, I was a member of the OAO Council and was appointed Chairman of the Association's Insurance Committee. This was quite an education and made me very conscious of the growing popularity of health plans and the attempt to offer ever more comprehensive benefits, including eye care or, as then called, "refraction or eye examination" benefits.

My Committee, with Ed's help, prepared a Brief to the Life Officers Association describing our training, our services, our availability and our distribution. We hoped to sell the idea that the insurance firms, represented by the Life Officers Association, should expand the eye care benefits to cover optometric

services. But we did not succeed. We assumed our lack of success was due to pressure from the Chief Medical Officers of the insurance companies and the medical fraternity in general. But also, there was the factor of cost. These companies had statistics on all sorts of health claims and their frequencies, but none on vision care outside pathology or injury cases. They could have been fearful of costs due to increasing demand on such a universal need. They may have felt that premiums could not be set properly and claims would outstrip the revenue. If premiums were too high, the plan would not sell.

Whether or not the possible institution of a national plan had anything to do with the refusal of the Life Officers Association to implement our proposals is conjecture at this late date.

EBH: We had two meetings with them, an exploratory one and a second during which we presented our Brief. Nothing came of this despite some subsequent conversations to enquire as to the state of things.

The medically sponsored groups, however, eventually disbanded or were absorbed into the provincial plans.

IB: But to answer the questions more directly, what did happen was that, in spite of the plans sponsored by medical groups or insurance firms, there was still a very large number of people who had no coverage whatsoever. When the government plan became effective, the insurance companies continued with their programs for some time, at least in Ontario, as attested by the different claim cards with which practitioners had to bill each firm separately.

The medically sponsored groups, however, eventually disbanded or were absorbed into the provincial plans.

IB: The whole point to the discussion is that the things that Ed was involved with make sense, but something needs to be said about the conditions of the time, because when you look back at the things you voted for, the things in which CAO got involved, like Optometry's three submissions to the Royal Commission and the supplementary Briefs, they are pret-

ty good submissions. The fact is, we knew that we were unlikely to change very much of anything. But one of the things Ed said early on is that you spoke the truth, you spent a lot of time on the research of it and you came up with the unarguable facts. This probably accounts for some of our successes and people have been having trouble shooting us down ever since because what we said, we meant and they cannot argue that. They can make a lot of noise, but they couldn't discredit the statements.

EBH: Our efforts were well rewarded as is evidenced by the very favourable reception we got at the time of the presentation of our submissions to the Commission and by the comments made to us by the commissioners subsequent to our appearance before them.

GMB: When the Life Officers Association turned down our Brief to include Optometry to their group plans, what reaction did CAO have?

EBH: In 1951, the Ontario Association's Insurance Committee had already prepared a preliminary draft. This was taken to the CAO Council meeting held in Winnipeg at the time of the Association's 2nd Biennial Congress.

CAO voted in 1954 to set up an insurance corporation of its own to design a plan offering vision care benefits and to market it ourselves.

Council, at that time, did not embark on any project, but voted rather to wait and see what happened in Ontario with the Life Officers and their exclusively medical group plans.

When nothing occurred with the Life Officers, CAO voted in 1954 to set up an insurance corporation of its own to design a plan offering vision care benefits and to market it ourselves. It was the same plan proposed to the Life Officers, but CAO would hire a salesman to organize and sell the plan to industry and other groups.

It was at this point that Col. James Duffy became involved with Optometry. I had gotten to know him as a result of

other work involving some other clients of mine with insurance firms.

A non-profit corporation was set up with appropriate by-laws, objectives and a federal charter was obtained in 1957.

I hired Jim Duffy to do the marketing of COSI — Canadian Optometric Services Incorporated.

IB: I think COSI was a response to try to develop an optometric system in which Optometry had two obligations. One was the fact of pure dollars and cents. But equally was the fact that, in those days, as I remember, we had prepaid programs that were medically responsive in insurance companies.

EBH: I remember contracting some of those . . .

IB: The idea of COSI was Optometry's attempt to become part of the Health system from which it was excluded and, in that sense, it was positive.

EBH: But we never had the full acceptance of all optometrists.

IB: That's true and there are many instances where I can recall that the problem was that, philosophically, Optometry was prepared to accept that concept, but we were concerned that even what little practice we have today would be adversely affected by its presence and I can remember it was undercut by local optometrists even after the system had been sold. Certainly, down in this area, some of the optometrists took a bit of a bath on it to try and get it off the ground.

GMB: Yes, particularly optometrists in the Brockville area. I remember a Sunday meeting which I attended in Brockville — a meeting called by the local group affected by our first sale of a COSI contract.

Jim Duffy attended, and the meeting was called to discuss problems encountered with the implementation of the contract.

Members voted to continue for a while longer, but the situation did not improve, so the members withdrew and, eventually, the plan became ineffective.

The basic problem, as I recall, was that subscribers were opting for the industrial aspects and no longer were interested in obtaining personal eyewear. The plan set out fixed fees lower than the usual fees so members were obligated to accept these fees.

GMB: But you mentioned some time ago that COSI should not be discussed

as it was a negative aspect of our history — a failure. Do you still believe this after the discussion today?

EBH: No, I guess not, because it showed that Optometry was prepared to act to counter the serious predicament in which it found itself as a result of the growth of medical plans, not only in Ontario, but across the whole country.

GMB: Can you account then for the failure of COSI?

EBH: It would appear, in retrospect, that there are three causes. One: continued discussion of a national plan. Although the Hall Commission was appointed only in 1961, COSI was chartered in 1957. This small interval of time may be important as a national health plan was then gaining in popularity.

Secondly: restricted finances on our part — insufficient to really mount a country-wide marketing programme.

Thirdly: people were not yet fully convinced of the value of a truly comprehensive vision care plan. In short, our project was premature compared to the state of the people's attitude on vision care, despite the growing popularity of insurance company plans and PSI, with their "refraction benefit" clauses.

GMB: Optometrists often ask me what has CAO done for them? Why should they continue their contributions to CAO?

EBH: CAO came into existence to serve the needs of the public, but also to protect practitioners from discrimination and to enhance the image of Optometry in the public eye. These three objectives summarize the objectives set out in our charter, obtained in 1948.

And you can say without fear of contradiction that any project outside of provincial jurisdiction is likely to be a CAO responsibility.

However, some problems which are neither legislative nor jurisdictional, but national in effect, are better handled by the national body. I am thinking, for example, of a *Weekend Magazine* article some years ago which accused optometrists of prescribing needlessly.

But to answer the query more specifically, what has CAO done? The list is long, but not headline catching, so practitioners are apt to overlook these accomplishments.

The first was accomplished before our charter and its success was more a Saskatchewan accomplishment than a

CAO project, although all provinces were concerned. It concerned a court case — a practitioner fought the income tax department who had, up to that time, considered Optometry as a retail trade and was taxed accordingly. He won his case to be considered a private professional like other professions. This was in 1943-44.

Negotiating with DVA for recognition of our services is another accomplishment, although the fees arranged were ridiculously low.

The same applies to arrangements with the Department of Indian Affairs where, previously, only medical practitioners would provide such services.

During the Diefenbaker years, we obtained a ruling which made expenses for optometric services, including glasses and contact lenses, deductible medical expenses for income tax purposes, like drugs or dentures.

The question of technicians in the armed forces doing optometric work still exists.

One of our major problems then and apparently even today is the absence of optometric consultants in the various departments related to health care. It was necessary to maintain constant contact with bureaucrats in the department of National Health and Welfare to make Optometry known. This required frequent trips to Ottawa.

The question of technicians in the armed forces doing optometric work still exists, and has ever since enlisted optometrists were discharged after the war. We did succeed in having two veterans commissioned, but they were never replaced. CAO is still active in this area.

Another area in which we were active was with the Canadian Labour Congress, particularly the then President — Claude Jodoin and the Research Director, Andy Andras, both of whom are now deceased. Our approach was to inform the Congress people about our services and training and our distribution across the country. We were often consulted on industrial vision and protective eyewear and other aspects of vision and vision care of interest to Labour and Management.

CAO still acts as a clearing house for ideas coming from all provinces, a co-

ordinator of activities and projects like Save Your Vision Week or back to school days.

Optometrists have always felt spurned not to be officially recognized as guarantors or endorsers for passport applications. This, I understand, is still a problem today.

Recognition of optometrists as vision examiners for civilian pilots was a project we worked on. It did come to fruition after my term in office.

Contacts with the Bureau of Statistics to assure that Optometry and optometrists are properly classed was frequent in our early years. The changes obtained then still prevail today.

Not a frequent request, but one that can be a problem to the individual concerned, is the import duty for equipment not made in Canada. This meant contact with the Excise division of Revenue Canada. We were not always successful. If needed, CAO still remains the proper channel today.

A lesser known aspect of CAO is the constant contact with all federal departments and agencies to keep tabs on any new legislation proposed to assess its effect on our scope of practice and professional activities. The 1964 Medicare Act and the recent new Canada Health Act are examples of what we mean, as well as the changes in the directives covering commercial airline pilots.

Commissions for optometrists in the armed forces must be sought as the illegal use of refracting technicians in the forces was a major problem and still is, I am informed.

I personally did not participate in all the above activities as many occurred after my departure, but these are areas where CAO can and must be active and, as the years roll by, many more will appear while others will fade away.

GMB: During your many visits to public officials, to medical groups or other Associations on behalf of Optometry, can you recall any incidents of note?

EBH: Yes, I remember two, maybe three very strongly in the City of Toronto and Belleville. Irving Baker and myself went to a Board of Directors Meeting of PSI (Physician's Services Incorporated) in Toronto. While we were very nicely received, nevertheless, we made little, if any progress in terms of establishing a working relationship. We were attempting to get PSI to pay for optometric services and PSI was never open to any

profession other than Medicine. I think this is probably due to most of the Doctors on the Board knowing very little, if anything, about our Association. They were surprised to learn, for example, that members of your profession did 65 to 70 percent of all the refractions in Canada.

They didn't believe me when I said that I had never graduated from a School of Optometry and, indeed, had never attended any courses at a School.

This, at first, did not make them very comfortable and, after half an hour, Irving Baker and myself were ushered out very politely and the matter was temporarily dropped there. It was later on picked up when Sid Rose of Belleville, a member of the Ontario Council at that time, and I met with the President of PSI in a hotel room in Belleville. After an hour and a half of very detailed discussion, I was amazed to be asked by the President of PSI as to where I had received my optometric training. They didn't believe me when I said that I had never graduated from a School of Optometry and, indeed, had never attended any courses at a School. To this day, I don't think he ever believed my story but it was certainly gratifying to know that, in one respect, at least I was able to communicate with Medical Doctors and ophthalmologists in a way that indicated that I knew something of the subject about what I was talking.

Another time, I met with the President of the Ophthalmologists' Society in Toronto. This was a little different kind of meeting and it was very nice on the surface. At that time, ophthalmologists seemed to understand or accept in their minds the fact that Optometry was actually competing and making inroads into the heart of the practice of Ophthalmology, i.e. the refraction end where the optometrist referred a medical condition to the ophthalmologist for his/her study and action, since it was a medical problem and not a physical problem involved. To a certain extent, I ran into the same kinds of problems in many of the provinces although I was pleased to find out at a later date that, in some provinces, such as Saskatchewan and New Brunswick,

and to some extent, Nova Scotia, there were quite acceptable relationships developing. This was very pleasing to find out.

In terms of federal departments, such as DVA, Deputy Minister of Health, Deputy Minister of Welfare and the Minister of Finance, I found a greater understanding of the role of our profession that I expected to find. This method of approach was to be very valuable in the years to come.

There were a few touchy meetings with Judy Lamarsh when she was Minister of Health. Meetings were never long — our presentations usually were only a few pages and never produced any really tangible results.

We were astounded to get the reply, "The Navy is above the law".

On another occasion, John Mulrooney and I met with the Chief Medical Officer of the Halifax Naval Base. We pointed out to him that the use of "sick bay attendants" to carry out refractions contravened the Nova Scotia Optometry Act. We were astounded to get the reply, "The Navy is above the law". Needless to say, our visit was a waste of time. This arrogance was typical at the time among such individuals as medical practitioners and members of Canada's "senior service".

But, as a side issue, may I ask do not our laws apply to all segments of the population and since when are armed forces beyond the effect of civil laws?

GMB: The relationship between Optometry and Ophthalmology has never been "good" and sometimes I feel personally that we have to become a little more aggressive in our relationship with them. What do you say to this?

EBH: The only way you can become more aggressive on a professional basis is to strike very indirectly at the root of the problem. You have to recognize that ophthalmologists are a very necessary part of any vision care delivery system. On the other hand, you function, I suspect, to screen something on the order of 70 percent of the population to ascertain those who have vision problems that involve medical care. This, of course, is the field of Ophthalmology and we

should constantly strive to cooperate with them. I don't think the situation is as bad as you have indicated to me, rather I feel that there is a hiatus in the development of the relationship. Let us not forget that, at the local level, many optometrists have a very fine working relationship with their local ophthalmologists.

GMB: You made frequent trips to the American Optometric Association offices to discuss matters. Do you recall some of them, particularly the ones when talk of Medicare was started in Canada? What attitudes, what impressions and what did the AOA expect to get from you when you made these trips?

EBH: The American Optometric Association at that time and subsequently was very broad minded in terms of its relationship with optometric groups all over the world. It was a very valuable relationship as far as I was concerned because I was able to use them as a sounding board to discuss ideas which might have some application in Canada.

More particularly, I remember speaking to the annual meeting of the AOA one time and I forecast that a national plan of Health would come to Canada and the United States. I remember being interviewed on television in its early days by a station in Boston and even the interviewer refused to acknowledge that my statement on Medicare had any validity. Subsequently, of course, it turned out that my sources of information were better than his and, indeed, national health care has subsequently become a fact in Canada and also in the United States in terms of their Medicare and Medic-Aid.

The AOA was most helpful through all the years that I was acting on behalf of CAO. I was constantly receiving information and ideas, meeting with the Secretaries or Managing Directors of the various State Executives. The Association of Executive Directors was probably the most useful contact situation I could have expected to find. The sharing of ideas with people with similar problems was always valuable and inspiring as far as I was concerned.

GMB: During your terms as an advisor to the OAO, you helped prepare a number of Briefs. Do you recall the presentation to the Toronto Board of Education relative to the use of the Snellen Chart as a screening device for school children? This would have been in 1952 or 53.

EBH: No, I cannot at this particular moment recollect this particular Brief but I do recall working for months with Arthur Hurst of Newmarket preparing a Manual on Guidelines for Vision Screening of Children.

Demonstrating the failings of the Snellen Chart to school and health authorities in order to change the system was a project in itself.

At that time, children's vision had become a crusade on the part of some optometrists and optometric Associations across the country, much to the benefit of school children and Optometry as a whole.

I remember well the outstanding work of Dr. Hurst. At times, he seemed to be out of the league of his colleagues in terms of his concerns for the young children in our schools. Demonstrating the failings of the Snellen Chart to school and health authorities in order to change the system was a project in itself.

Another frontrunner in this area was Brian Cox, of Langley, BC. He was the first and I think still is the only optometrist to be a salaried vision consultant to a School Board in Canada. It would be interesting to hear, today, from others who are consultants to School Boards. The appointment of optometric consultants to School Boards would be a real breakthrough.

GMB: What project would you say was the major undertaking during your term as Executive Director of CAO?

EBH: There is no doubt that it was the preparation and presentation of the Brief to the Royal Commission on Health Services in Canada — known as the Hall Commission, the major project for Optometry in the late 50's and early 60's.

Had we failed to get our point across, there is little doubt in my mind that Optometry would not exist today.

I credit Harold Arnold and Irving Baker as the main authors, but many others were involved — Ted Fisher, Clair Bobier, Austin Forsyth and Marvin Langer were some of these and an untold number whose names I cannot recall.

I was involved in integrating their comments and their findings into the report and was present at the session at which we made our presentation to the Royal Commission. Harold and Irving were the main spokesmen for Optometry at that presentation. Emmanuel Finkelman was also present as the President of CAO.

IB: It should also be recalled that Optometry presented three Briefs, all well coordinated, presenting different approaches to the problem. The Ontario Board of Examiners, on behalf of the College of Optometry and the Ontario Association of Optometrists were the other two. I also had a hand in these, but to a lesser extent. All three Briefs were written in Toronto so participation of faculty and Association members made our three presentations a corporate, unified whole.

EBH: Subsequent to our presentations, we met socially for an evening with the members of the Commission. It was a very interesting two hours. It was with almost impressive ease that we found ourselves talking about the intimate problems of Optometry and the public to the members of the Commission.

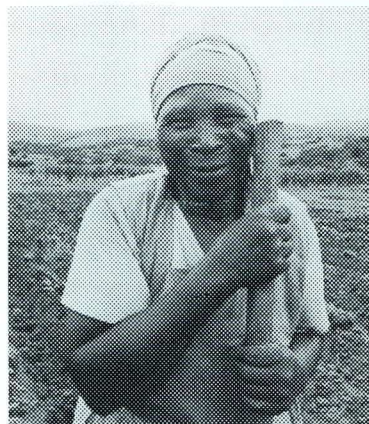
It was an in depth exchange of ideology at that meeting, perhaps not fully spoken, but it certainly was at an intellectual level. There was a high rate of exchange of ideas. The Commissioners were talking to us and we were listening, no doubt about that.

That, in my book, was probably one of the most important meetings CAO ever had. And it probably remains true today that you can accomplish more in this sort of a gathering than you can around a boardroom table.

ERRATA

In our last issue, a paper entitled "Conrol of Glare for VDT Operators" was identified as having been authored by Drs. G.Y. Mousa and M.E. Woodruff.

The CJO has since been advised by Dr. Woodruff that he, in fact, was *not* a co-author of this paper.



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6. En présentant une photographie, le participant donne à l'ACO le droit de publier celle-ci dans la *Revue canadienne d'optométrie* et donne à entendre que la photographie n'a jamais été publiée antérieurement et que sa parution dans la *Revue* n'enfreint aucun droit d'auteur.
7. Les prix seront annoncés plus tard.
8. Toutes les photographies feront l'objet d'une présélection par un comité spécial avant le Congrès et certaines seront affichées au Congrès, à Saint-Jean.
9. *Date limite* : envoyez vos photographies d'ici le 1^{er} juillet 1987 à minuit, à l'adresse suivante : Dr Arnold Brown, Optométriste, 14 King Square sud, Saint-Jean (N.-B.) E2L 1E5.