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GRADUATE SCHOOL OF EDUCATION & INFORMATION STUDIES
8370 MATHEMATICAL SCIENCES BUILDING, BOX 951521
LOS ANGELES, CALIFORNIA 90095-1521

July 16, 2013

Educational Opportunity though Better Vision Care

We have spent hundreds of billions of dollars and enacted a seemingly endless set of educational reforms and programs over the past generation attempting to equalize educational opportunity and to improve the life chances of poor and minority children in an increasingly unequal society which is falling behind its major international competitors in international competition. I have been working on issues of educational reform and educational opportunity throughout my career. Research shows that most reforms failed and that deep gaps remain.

I have long been convinced that a fundamental mistake of the reforms has been the assumption that all the problems can be solved by teachers inside classrooms. It is obvious to many of us who have studied this closely that many of the forces that produce and perpetuate inequality originate outside the classroom and must be solved if the students and the teachers are to have a fair chance. This is why I was particularly fascinated and impressed by the original work and research my late wife, Dr. Antonia Orfield, carried out in a clinic she ran for years in a historic Boston public school. She found that a shockingly high proportion of students had untreated vision problems that were not identified through standard methods of vision testing and that directly affected their ability to learn. Many of them were not the kinds of problems we commonly expect in children but the kinds of problems older people often face. She also found that although many of the families of the children were poor and eligible for Medicaid, the system worked poorly and children did not get the glasses and treatment they needed or could not get them replaced when, as children will, they broke or lost their glasses. She had many cases where children who were doing very poorly in classes improved markedly when treated appropriately. Sometimes the treatments were very simple. An M.D. and one of my advanced doctoral students at Harvard analyzed her data and found significant relationships.

I am not an expert in vision but I am an expert in educational and social policy. I decided that this was a no-brainer. When the public was paying \$12,000 a year to educate a student and another \$5,000 for Medicaid and the money was being wasted and the student's future threatened for the lack of a \$100 pair of glasses, it was truly senseless. This was why I was very happy to sponsor what became known as the Harvard Conference in 2001 where researchers from across the country produced data showing similar problems in many settings and discussed experiments in initiating better practices. There were striking parallels in the data and the work clearly called for a serious national examination of the issue and the launch of

major experiments and policy initiatives to address it. As usually happens, however, the response of the educational and medical establishment in many cases defended the status quo and traditional methods.

I am a researcher. I believe that federal agencies and private foundations should finance large scale longitudinal experiments that would prove the patterns of causality in these relationships and precisely assess the impact of various treatments. That, of course, would take a long time and the resources are not yet in sight to carry out that work. It is needed.

Most of the things we do in education and social policy, however, do not wait on that kind of research and they should not. We know that poor kids need school lunches and we provide them and, as we learn more, we make them more healthy and nutritious. This is exactly what I believe we should do about vision care. We should test all children not with the traditional method but with the best available tests of the kinds of functional vision that affect their capacity to read, to see numbers clearly and in line, etc. and we should give them both the eyeglasses and the best available forms of vision training that experience to date show would be most beneficial. Simply the money saved from transferring a small fraction of misdiagnosed special education children into regular schools and avoiding totally unnecessary and deeply frustrating grade repetition would great numbers of pairs of the kind of reading glasses many students need and these students and their schools would improve.

Any policy maker thinking about this issue should put on a pair of lenses that makes his or her vision out of focus, or misaligned, or with letters that cannot be seen or jump around, and try to work with them for a few hours and accomplish something. Then take off the lenses and see how different the possibilities are. Anyone having this experience, I believe, would see this as a completely obvious policy necessity and an urgent moral issue, which it is. It is unconscionable that we do not help these children deal with what are often easily curable problems that dramatically improve their ability to learn and to succeed in life. When you see little children eager to learn and humiliated by their failure, leaning over the paper, bouncing their head up and down, trying so hard and unsuccessfully to see what everyone else can, it shows so clearly what we must do.

I very strongly commend and support the efforts of advocates to bring this need to public attention and to launch experiments and policies to address it. I strongly recommend that such efforts not only be undertaken but that they include resources for independent researchers at leading universities, both in education and in optometry and medicine to collect data and publish the results they observe over time. I'm convinced that it will prove to be a very good investment and that, as we learn more, it will produce more and more significant educational gains.

Gary Orfield

Distinguished Research Professor of Education, Law,
Political Science, and Urban Planning, UCLA