So I don't suggest we solely surrender the moment to a blue ribbon commission. An increase of funds to the NIMH psychopharmacology branch ought to be made available. This is a body of existing experts. They are organized to work together, which is an asset. And they can launch and underwrite programs of training and continuing education in psychotropic drugs directed both to the general practitioner and our medical institutions.

They should continue research on how practitioners in fact use drugs and how drugs are abused. The practitioner is not hapless or helpless; he can and should be involved in ongoing research in collaboration with experts, studying drug efficacy, as well as identifying the appropriate occasion and subpopulations for specific drug regimens. The scene should be in Washington and in those regional centers in which research and education must be visible for knowledge to advance. Support of varied and advanced careers in clinical and basic psychopharmacology and the essential laboratory equipment is also desirable. The NIH programs in clinical pharmacology could also be strengthened.

These are useful interim measures to offset current budgetary cutbacks and organizational problems. But if you ask, why could not such programs have been launched before? The answer is I believe, the increasingly shortsighted attacks over the past 6 years which can be simply translated: "we have enough research and enough investigators—let's put them to work." As if they were not working! At the same time, it is precisely research which critics call for whether they are concerned with the student abuse of drugs or with solutions for health delivery problems.

We cannot have it both ways. We do not have enough research, enough investigators, enough skilled personnel to teach and to generate a pattern of practice which could halfway deliver on the promises of quality for everyone. The need for medical manpower and applied technologies cannot be divorced from quality research and education. It is organic to the process of learning that "telling" is not enough; knowing and demonstrating better clinical practices by the researchers who value the attitude of inquiry are all important to medical practice and medical training.

I wonder if the Congress recognizes that the biological sciences in this country have advanced as perhaps nowhere else in history and have done so through the aid of the National Institutes. Our scientific community has had confidence in such agencies. The reason is that, during the 1950's, the grant givers and grant getters were continuously educating each other. Accordingly, policies tended to be in tune with the needs, and research and education was knowledgeably fostered. While there are complex issues in Federal underwriting of biomedical research and training, the facts are that many medical schools are on the brink of financial disaster. The most frequent solution is an invitation to become mass factories for the production of quality [sic] physicians.

These inconsistent goals and responses reflect the potential chaos facing the very guts of our health systems. Recent executive orders to the Department of Health, Education, and Welfare threaten to politicize the very scientific review procedures (by politically reviewed appointments to study groups) which, in the past, generated confidence in