DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, D.C., October 31, 1967.

Hon. HARLEY O. STAGGERS,
Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This letter is in response to your request of March 10, 1967, for a report on H.R. 586, and your request of September 14, 1967, for a report on H.R. 12843, bills "To amend the Public Health Service Act to provide for the establishment of a National Eye Institute in the National Institutes of Health."

The bill H.R. 586 would authorize the establishment in the Public Health Service of an Institute for the conduct and support of research and training relating to blinding eye diseases and visual disorders, including research and training in the special health problems and requirements of the blind and in the basic sciences relating to the mechanism of sight and visual function.

The bill H.R. 12843 differs from H.R. 586 in that it would provide for the establishment in the PHS of an institute for the conduct and support of research "for new treatment and cures" and training relating to blinding eye diseases and visual disorders and includes authority for research and training in the "clinical sciences" as well as the basic sciences relating to the mechanism of the visual function and preservation of sight. In addition, H.R. 12843 would authorize the Surgeon General "to plan for research and training, especially against the main causes of blindness and loss of visual function."

It is proposed in the bills that this Institute have responsibility for programs directed toward the alleviation of blindness which are now encompassed within the activities of the National Institute of Neurological Diseases and Blindness (NINDB). The purposes of this transfer of programs and authorities would be to place greater emphasis on the problems of the blind by creating an advisory council concerned only with blindness; by making it possible for the Congress to allocate funds to an agency with this sole responsibility; and by organizing an institute staff within this more narrow orientation.

At the time of the creation of the NINDB, the question of establishing separate institutes for blindness, for deafness, for cerebral palsy, for multiple sclerosis, for muscle disorders, as well as for other neurological disorders, received serious consideration. Although each disease area has unique problems, it was recognized that each involves damage or dysfunction of a portion of the nervous system and that to create a separate institute for each would lead to a very unprofitable fractionation of effort. For this reason, the creation of a single institute for neurological diseases and blindness was decided on. Within this existing single organization, a highly significant unification of effort has been achieved. Thus, for example, within the Institute's large Collaborative Perinatal Project, a search for perinatal determinants of a number of neurological and sensory disorders is being carried forward. A major focus is the search for toxoplasmosis, now proving to be a significant cause of congenital as well as postnatal blindness. Such an integrated effort is essential to the advance of knowledge relative to the disorders of vision.

A considerable danger exists in the compartmentalization of research into specialized organizations. This is the isolation of scientists who may lose rapport with others working on closely related problems. Ocular disease due to infectious processes such as toxoplasmosis is only one manifestation of an infection which spreads, in its acute stage, throughout the body. Similarly, ocular disease due to rheumatoid arthritis or to diabetes represents only the damage in one organ. Damage to retinal cells, which are specialized nerve cells, can be representative of pathology in other parts of the nervous system. Therefore, the orientation of scientists toward one organ may represent an improper emphasis concerning a total disease process. The present structure of categorical disease Institutes within NIH already has many areas of overlap, as for instance the work on "slow" viruses, rubella, and the relationship of virus infection to cancer. From the standpoints of scientific endeavor and scientific surveillance and administrative management of research, further divisions of functions appear undesirable.

From the establishment of the NINDB in 1951, eye research has been an important part of its total program and the growth of eye research has roughly paralleled that of the total activity of the Institute.

The Ophthalmology Branch in the NINDB's Intramural Program is one of the world's finest eye research centers. The ophthalmology unit in the NINDB's Epidemiology Branch is almost the only ophthalmology epidemiology unit in existence. The Institute's Model Reporting Area for Blindness is a major seg-