Through our science and advances in health knowledge and technology we have almost doubled life expectancy. Yet the incidence of cataract among people age 60 is nearly 60 percent, and at age 80, it is almost 100 percent.

Glaucoma is one of the leading causes of blindness in the United States, yet less than half the people in a national survey could identify glaucoma as a disease of the eye.

The causes of blindness largely remain a mystery, but that mystery can be solved.

I urge the members of this subcommittee to give favorable consideration to the establishment of a National Eye Institute.

Mr. JARMAN. Thank you, Mr. Fulton.

Our next witness is the Honorable Joshua Eilberg from Pennsylvania.

STATEMENT OF HON. JOSHUA EILBERG, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. EILBERG. Mr. Chairman, I wish to lend my support to the proposed legislation before your committee to establish a National Eye Institute.

I introduced a similar bill, H.R. 5260.

As a Philadelphian, I am particularly aware of work being done at the Wills Eye Hospital.

I lend my support with full knowledge of the present legal provisions for eye research as a part of the National Institute of Neurological Diseases and Blindness and of the very excellent development of eye research under that Institute—a job for which I believe it should be commended.

But as I see it, the need for a separate eye institute today is a practical measure, just as the combination of ophthalmology and neurology within NINDB seemed practical 17 years ago.

At that time, neither neurology nor ophthalmology had the necessary research manpower or other resources to meet the demands of their respective clinical questions. By virtue of vision being a sensory function, and by virtue of the infancy of its state of research development, therefore, it was probably the most practical move in 1950, for the Congress to combine the two within a single Institute.

The progress made thus far, thanks to the generous and consistent support of the Congress and the program developments by the National Institute of Neurological Diseases and Blindness, brings us to a new decision point demanding new legislation to correct this administrative anomaly.

By separating these ongoing programs, new focus will be placed upon eye research which will indeed be comparable to neurology, cancer, dental research, and heart disease.

The director of the new Institute will be able to devote his full energies to planning, administering, and evaluating a well-balanced program devoted exclusively to the visual mechanism and eye disorders.

No longer will research in this area have to be tucked in with the great range of neurological disorders, or with speech and hearing disorders, each of which is a full-time responsibility for any director.