

**STATEMENT OF HON. PETER W. RODINO, JR., A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF NEW JERSEY**

Mr. RODINO. Mr. Chairman, I would like to add my support for the legislation before the subcommittee which would amend the Public Health Service Act to provide for the establishment of a National Eye Institute within the National Institutes of Health.

Since January of 1966, when our distinguished colleague Mr. Rooney of Pennsylvania introduced his bill, H.R. 12373, we can assume that an additional 48,000 men, women and children have lost their sight. We can make this assumption because it is derived from the known number of persons who are newly blinded every year. Today we have nearly 450,000 blind persons in the Nation. Over half of these are totally blind and the remainder severely handicapped by marked visual incapacities. If we add to this pitiful situation another 31½ million Americans who suffer from serious and noncorrectable visual defects, a million of whom cannot read ordinary type with the aid of glasses, we then have a population of 4 million who cannot see at all or cannot see very much.

This staggering figure is underscored by the fact that the number of legally blind persons is keeping pace with the growth of the population as a whole. Work-loss days in persons 45 years or older due to chronic visual impairment will probably be in the order of 2,000 this year. The work force of the Nation has always been affected by eye conditions. For example, a 1959-61 survey reported 124,000 persons as limited in their major activity due to chronic visual impairments. This group ranked 11th out of the 25 conditions which were studied. Finally, a recent study in Florida of suffered abnormalities of binocular eye control. Agreement has not been reached on the interpretation of this data as it relates to the ability to read, but whatever the cause or technicalities are, "seeing to read" is a very important problem in the education sector of our Nation.

We are not without progress in diagnosis and treatment of eye conditions, even in complicated disorders such as glaucoma and cataracts. There are new methods of unmasking low-pressure glaucoma, improvements in cataract surgery, drugs noted and removed from the market because of a cataract-producing side effect, new understanding of the role of heredity in certain eye conditions, and continuing success in corneal transplants.

It is encouraging that these and other developments have taken place, because they serve to prove the point. The point is that research pays off—it has already paid off, as I have just mentioned—and it will pay off more if it is stepped up and aimed directly at the problem. If private and community efforts, together with the excellent but inadequate program at the National Institutes of Health, can accomplish so much with so little, it seems a logical deduction that greater identification and effort are in order. The Institute in which vision research and training are now conducted and supported has done well, yet less than 20 percent of the Institute's appropriation is obligated to vision. I believe that a separate Eye Institute is needed as a strong central source of intensified research and training designed specifically to conquer blindness.