Mr. Chairman and members of the subcommittee, the American people will be grateful to you for positive consideration of this bill. A recent Gallup poll disclosed that Americans fear blindness only second to cancer as a debilitating disease. I urge you to act quickly, for each day means more persons struck down, persons who could be leading happy and productive lives if only they had the use of their eyes. This bill will do so very much to keep these eyes functioning.

Mr. JARMAN. Thank you for your presentation, Mr. Gilbert.

If there are no questions we shall continue by hearing from another colleague from New York, the Honorable Frank Brasco.

STATEMENT OF HON. FRANK J. BRASCO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. BRASCO. Mr. Chairman, I come here today in support of the proposed legislation before your committee (H.R. 8049) which, in effect, would establish a National Eye Institute within the National Institutes of Health. This action would transfer to the new Eye Institute the responsibilities for research on vision and blindness currently invested in the National Institute of Neurological Diseases and Blindness. I believe this action is needed at this point inasmuch as the levels of research activity and research progress now warrant separate and fertile environments for the continued growth of each of the medical fields.

Although vision is a sensory function, the ophthalmologist's interests and language are so different from the neurologist's that as long as the two must share a common appropriation or a common administrative framework, one will very likely have to play second fiddle to the other. To date, this has been the plight of eye research which has always worked under an institute directed by a neurologist.

In such a setting, eye research has had to compete for funds, program emphasis, personnel, and space with other research efforts directed toward the epilepsies, multiple sclerosis, cerebral palsy, and other neurological disorders in childhood, muscular dystrophy and similar neuromuscular disorders, infectious diseases or metabolic abnormalities of the nervous system, as well as research in speech and hearing. It is only natural, then, that even a well-planned and rapidly developing program in vision would still be stifled by competing with each of these areas when the personal interests of the director or the majority of the advisory council members are inclined primarily toward fields other than ophthalmology. I dare say this would undoubtedly be the tendency regardless of how objective these individuals tried to be.

But there is another reason why the eye deserves individual focus within a research complex, and that is the growing recognition that it relates to a great many conditions throughout the body. It is not uncommon for many disorders to be reflected in the condition of the eye, even to the point where they might be detected and diagnosed first through an ophthalmic examination. Thus, to place eye research under any other research framework, such as neurology, constitutes an administrative anomaly which can only deter its full development. We would not dream of doing such a thing to dental research, yet the fear of losing one's teeth can in no way be compared to the horror of losing one's eyesight.