

Dr. STEWART. It has come about by concentrating research programs in a clinical area.

Mr. ROGERS. It is in an already established center and you are picking out people to do the work.

Dr. STEWART. This is bringing in scientists and ophthalmologists to work in this area.

Mr. ROGERS. It is more just simply a grant program, funding staff work in a center; is it not?

Dr. STEWART. If you are visualizing a new building in a center, this is not true. It is a concentration of people, within a clinical setting, working on the clinical problem.

Mr. ROGERS. I presume you don't fund all of the people in it.

Dr. STEWART. No; some of the funding comes from elsewhere.

Mr. ROGERS. You pick out the outstanding people in certain fields.

Dr. MASLAND. Although the Institute does not have funds for the construction of buildings, within the Division of Research Facilities and Resources at the National Institutes of Health, research construction money is available. We collaborate closely with that group and where there is a strong group of people prepared to develop a research unit, then in collaboration with the other Division we can assist in the construction.

Mr. ROGERS. Was this done in these 11 clinical centers?

Dr. MASLAND. In three, NIH has supported construction.

Mr. ROGERS. Would you let us know how much money was put in from the other Division of NIH and so forth?

(The following information was subsequently submitted:)

The Division of Research Facilities and Resources provided some funds to the following NINDB Vision Centers:

Investigator and institute	1967 costs
A. Jampolsky, M.D., Institute for Visual Sciences, Institute of Medical Sciences, ¹ San Francisco, Calif.	\$9,654
M. D. Davis, M.D., University of Wisconsin, ² Madison, Wis.	7,395
E. Friedman, M.D., Boston University, ² Boston, Mass.	11,151
Total	28,200

¹ Clinical research center.

² Outpatient research center.

Dr. MASLAND. The outpatient units are a rather unique undertaking. We have been concerned because we felt there was a need for stronger clinical research on the eye. The question was how to get stronger programs or to start stronger programs in areas and institutions which at the moment did not have the full potential for an inpatient center.

We recognize that a good deal of research work can be done with outpatient resources. You don't require hospitalization for certain types of studies. Therefore, in order to advance this special field, we have launched a new program; we now provide resources for outpatient research units.

We think this will greatly strengthen the vision research program.

Mr. ROGERS. How many ophthalmologists have you working in the Institute?

Dr. MASLAND. In the direct research program itself, we have 25 scientists working on eye disease; three of whom are board-qualified ophthalmologists.