There are also three professionals working in administration in vision activities, one of whom is an ophthalmologist and one is an optometrist.

Mr. ROGERS. How many would you suggest in your grant program?

Dr. MASLAND. I have those figures here. More than one-third of our vision research grantees are physicians. You must recognize that a good portion of our research in the eye is not carried out by ophthalmologists.

Mr. ROGERS. I understand that. You can furnish that figure for the record.

(The information requested follows:)

QUALIFICATIONS OF PRINCIPAL INVESTIGATORS[1] OF NINDB-VISION RESEARCH GRANTS

	Degrees				
	M.D.'s	Ph. D.'s	Other higher degrees[2]	Other degrees	Total
United States:					
States	302	232	40	91	665
District of Columbia	11	1	--------	--------	12
Puerto Rico	2	--------	--------	--------	2
Foreign countries	21	2	3	4	30
Total	336	235	43	95	709

[1] There is an approximate ratio of 2 supporting personnel to each principal investigator, indicating approximately 2,100 personnel supported by these grants.
[2] Other higher degrees: O.D., D.O.S., Ed. D., D.Sc., D.D.S., D.V.M., Doctor of engineering, D.S. (Japan).

Mr. ROGERS. How many ophthalmologists do you use in your program for delivery of services or preventive care? Are you doing any research in this area?

Dr. MASLAND. No, sir.

Mr. ROGERS. Should you?

Dr. MASLAND. It needs to be done, but it is done in other areas of the government. The mission of NIH is in research, not in health services research or in the provision of services.

Mr. ROGERS. Let us know where that is done.

(The information follows:)

PUBLIC HEALTH SERVICE PROGRAMS IN THE AREA OF EYE CARE AND PREVENTIVE SERVICES

Efforts by the PHS toward primary prevention of vision loss include control of communicable diseases such as gonorrhea, syphilis, and trachoma, promotion of the use of safety glasses, prevention of eye injuries, and the elimination of retrolental fibroplasia through standards for oxygen concentration in the care of premature infants.

Secondary prevention efforts include the earliest possible detection of visual defects in preschool children and their correction to prevent amblyopia ex anopsia (one-eyed blindness), where delay of care results in a lifetime of irreversible unilateral blindness. Also included in secondary prevention is the earliest possible detection of glaucoma so that treatment can be instituted which ideally can prevent 4,000 cases of needless blindness annually. Early detection for visual disorders of children and adults is promoted in public clinics, doctor's offices, and hospitals.

Diabetic retinopathy, the Nation's third leading cause of blindness, holds promise for secondary prevention in new therapies and control measures that Public Health Service is helping to explore and develop.

Total eye care projects that bring the expertise of academic centers of excellence to the urban poor and the isolated rural population are being promoted as