

satellite operations in order to provide the full spectrum of eye care services to these groups.

The development of new instruments and techniques such as automatic electronic screening devices is also an important function of Public Health Service Programs.

Training of both medical and allied medical personnel to provide eye care services is also being supported.

Dr. STEWART. We are using optometrists in the Public Health Service. I don't know the number. It is not very many.

Mr. ROGERS. Do you have any on your staff, Doctor?

Dr. STEWART. No, sir; not that I am aware of.

Mr. ROGERS. Would it be a good idea?

Dr. MASLAND. I have an optometrist on my staff.

Mr. ROGERS. I was thinking of delivery. As I understand it, what they do is try to help people with certain problems and then they are referred to the ophthalmologists.

Dr. STEWART. We are using them in clinical centers wherever the workload is sufficient to warrant them. Usually we use the military for certain services.

Mr. ROGERS. I am concerned about the problem of recruitment and staffing, would be a serious handicap to the staffing of a new institute. Why wouldn't that be true in the present Institute where the median salary for ophthalmologists is \$37,700.

Dr. STEWART. The recruitment of the high-level research scientist and the physician, particularly in certain specialties of the medical profession, is very difficult because we are not competitive enough in salaries. It is one of our most serious problems.

Mr. ROGERS. Do you bring them in as consultants at \$100 a day?

Dr. STEWART. There are time limits as to how long a person can be a consultant. They are paid \$70 or \$50 a day, depending on their qualifications. We do use people such as this, and we have also been able to get some particular university people who are taking their year's sabbatical and who come in with us temporarily in the management area usually. We do have a visiting scientist program from across the seas but this also is not the permanent, ongoing group that you are talking about. These are people who come in for a few months to a year. The recruiting of the caliber of people that we think are necessary to run a high-level scientific program is very difficult.

Mr. ROGERS. Of the five or 10 ophthalmologists you have in your intramural program, would you say they were used more in research or more in administration?

Dr. MASLAND. They are used primarily in research.

Mr. ROGERS. Would you give us a breakdown on that?

Dr. MASLAND. Three board-certified ophthalmologists work in direct research in the NINDB intramural program. One ophthalmologist works in administration in the extramural area.

In response to this question of how you develop a program, I believe in our administrative setup, I am the only neurologist. We rely on people with basic science competencies or people with administrative skills, and very little of the professional decisionmaking is made by Institute staff.

The professional decisionmaking is made upon the recommendation of advisory committees. We then have at our fingertips the top scientific competence of the country to advise us regarding the proper