Congressman Carter brought out there are tremendous overlapping disciplines. We certainly would not want to have an isolated eye institute. This would negate our whole project entirely.

We think the problems of ophthalmology are great enough that with specific direction we can accomplish more with the money you appropriate us.

Mr. ROGERS. With specific interest directed to the eye itself?

Dr. MAUMENEE. Yes, sir.

Mr. ROGERS. I am glad to see you, a University of Florida man here, Dr. Kaufman. I notice in your statement you are concerned with getting qualified people and holding them in research and teaching and I think this was brought out by the Surgeon General's testimony as I recall, that it is difficult to get people in the area.

I notice you think perhaps a reestablishment of the career research grant would be a good thing?

Dr. KAUFMAN. Let me not be quite so specific and say rather that we end up in a situation where the dog is chasing his tail.

One argument advanced by the Surgeon General against the separate eye institute is that perhaps there are not enough qualified people. In fact with our present priority system, when there are not sufficient funds, the older established investigator who is more likely to be present in a department of neurophysiology is much more likely to get priority. So the younger ophthalmic investigator is systematically handicapped. In the framework of the present institute it is impossible to encourage the young people to develop and to assure them any security.

So one says you have difficulties because there are not enough personnel. I would say you have not enough personnel because the present administrative structure has automatically discriminated against these people and this has to be changed.

Mr. ROGERS. Do you think five to 10 ophthalmologists is sufficient in the work of the National Institute for Eye Research?

Dr. KAUFMAN. May I answer that this way. We feel, first of all, that the intramural program although excellent in miniature is nowhere near adequate to stand as an example of an approach to the problems of ophthalmology. Almost all of these ophthalmologists are in the intramural programs. There is no ophthalmologist in the director's office or in a position of policymaking.

Mr. ROGERS. On Council advising?

Dr. KAUFMAN. There are two ophthalmologists on the Council out of a total of 12. I think that a Council coming to the National Institutes of Health two or three days every few months cannot give the direction, by itself that is necessary. Only an institute chief really devoted to eye care and vision would provide the leadership necessary.

Mr. ROGERS. I would agree.

You say they are not in the director's office. Do you mean Dr. Shannon?

Dr. KAUFMAN. No; in NINDB. There is no ophthalmologist in a senior position in the NINDB.

Mr. ROGERS. Thank you very much for this testimony. It has been most helpful and I will read these.

Mr. JARMAN. Are there further questions by the committee? Gentlemen, the panel has made a real contribution to our hearing and we