

You have an objective of enforcement. We agree with your case. We agree with the need for centralization, the need for centralizing authority, and the need for more effective systems of enforcement, et cetera. But, when it comes to the medical field, we are not making contact as far as I can see it. There is a vacuum, an area there.

For example, what type person do you envision would be selected to be in charge of the whole medical aspect, a man who would know the field so well, he would know about the Bureau of Medicine, Mental Health Institute, all of the medical agencies we have within the Government, and certainly within the medical research conducted by the American Medical Association, the various medical schools and so forth. It would take somebody of high caliber.

It is far beyond the drug abuse control work Mr. Finlator described yesterday, very able and impressive.

What I am getting at, in short, all of the witnesses have sort of petered out on that area, and not because they want to. They just don't recognize the scope and complexity and nature of the whole area, which I feel a great deal of emphasis should be placed on.

We are talking about centralizing. As I hear the testimony, we are not centralizing, we are forming a schism, which will very heavily emphasize on the one facet of enforcement and very little emphasis on the medical research. Somehow we will have separate and different Federal agencies, and private and semipublic agencies to go about this complicated problem.

Mr. ROSENTHAL. Let me add, if I might, Mr. Chairman, my own thought.

I don't think there can be overenforcement. I think instead of having 900 agents, frankly there should be 9,000. But, what worries me is that we, in the Federal Government, or the public will think if this plan goes through and if there is efficient centralized enforcement, we have solved the narcotics problem of the United States.

I know you don't believe that. As the chairman has so well said, we are worried about the other end. Will the Federal Government, will the commitment be minimized or fall aside simply because we have made enforcement more efficient?

We want to make enforcement more efficient. But, we want to make the medical and scientific and social investigation equally important.

Mr. CLARK. First, you cannot fail to go forward merely because people will think you have solved the problem.

Should we not have an open housing statute because people might think there is no more housing segregation problem?

Should we not have an effective law enforcement agency because people might think there is no more crime?

You have to go forward. The medical problem is not treated today by the Bureau of Drug Abuse Control. There is not a single doctor of medicine in the Bureau of Drug Abuse Control. There has to be effective enforcement.

There are many, many more doctors in the United States today and in the Federal Government today working on drugs and narcotics, than there are agents in this agency. But, these doctors don't enforce. And these agents don't try to make medical decisions.

There is a very slight nexus between medicine and enforcement, and that is at the enforcement level where drugs move from legal