

If it is manufactured in the United States, it would.

Senator BEALL. If manufactured.

Dr. SILVERMAN. And bottled and labeled here.

Senator BEALL. And if put in final form here, the FDA has authority.

Dr. LEE. Yes.

Senator BEALL. And you are distinguishing between drugs bought with and without AID funds?

Dr. LEE. The FDA could do something about that.

Senator BEALL. You can do that whether AID buys it or not?

Dr. LEE. Yes, I believe so.

Senator BEALL. It has been pointed out by the staff here that the law says that "So long as it is not in conflict with the laws of the country to which it is intended for export it is legal." So if it does not violate the laws of that country it is all right for them to produce it and ship it out.

Excuse me. Go ahead.

Dr. SILVERMAN. One other aspect that I think deserves a little more attention, Mr. Chairman, is that the medical care system in Latin America is not the same as that in the United States. There are many Latin American patients who, for whatever reason, do not have ready access to a physician. If they or their children are stricken by an illness, they can get care at low or no cost in many instances by going to a social security hospital. Unfortunately, the supply of physicians in most of these countries is not adequate to meet the needs. Accordingly, if you need medical care for yourself or one of your children, you may have to go to a hospital and stand in line for many hours, starting maybe at 5 or 6 o'clock in the morning, and waiting for many hours and sometimes many days before you can get in to see a physician. Under such conditions, if you have a serious acute illness, or if your child is seriously ill and possibly dying, you have two alternatives. You can go to a private physician—and there are some excellent private physicians in Latin America—but for this you have to pay cash. You might have to pay a large doctor bill amounting to perhaps as much as \$2 a visit. This does not sound like much, but if you are living on a per capita income of \$200 a year, it is a lot of money.

The only other alternative the patient has is to go directly to a pharmacist. And even though, as we mentioned before, this may be against the national laws, the pharmacist not merely dispenses the drug, he prescribes it and he diagnoses. In some instances, particularly in the smaller villages, there is no physician. The only health professional available is the pharmacist, and he has no recourse except to do the best he can. And in some instances, the pharmacist practices everything up to and including surgery.

Still further out, in the more remote parts of the country, there are not even pharmacists, and the medical care is given by the village witch doctor, who may prescribe herbs or incantations or whatever. In some instances—and we are not sure how this comes to pass—he may dispense potent antibiotics.

The crux of the problem, as we see it, is not whether a physician or a pharmacist will be influenced in his prescribing decisions by such factors as poverty or cultural attitudes, the incidence of disease, and so on. It is whether or not he is given ready access to the scientific facts