of the Food and Drug Administration, usually in the Ministry of Health, is far less powerful and far more susceptible to outside pressure. Furthermore, in any developing economy there is a general tendency to put marketplace considerations ahead of welfare aspects.

As you made clear in your own remarks, Mr. Chairman, a very important way to get at this problem is through professional education of physicians. Professional education is sharply limited in Latin America through lack of resources. One phase in which I am intimately concerned now has to do with providing textbooks. In many Latin American countries up to recently, most of the students in medical school used, instead of textbooks, mimeographed notes or notes that they took themselves. I am a trustee of the Pan American Health and Education Foundation, which, with a loan from the InterAmerican Development Bank, is providing textbooks to students at half price. I believe this can be an exceedingly important measure for achieving better use of drugs, among other aspects of medical education.

Mr. Chairman, you asked earlier in this hearing about why the WHO and PAHO are not doing more in this field. Actually they have done quite a lot. Last year, our seminar had the privilege of a long session with Dr. Marcolino Gomes Candau, the Director-General Emeritus of the World Health Organization. A Brazilian, he was Director-General for 20 years. He is a member of our faculty and in residence with us in Ann Arbor roughly 5 weeks a year. He summarized for us the various actions and resolutions of the World Health Organization that have been taken in regard to use of medicinal drugs.

Let me cite just a few of those. Perhaps one of the most important was in 1963 when World Health Assembly resolution 16.36 asked the member states to inform the organization immediately of problems with drugs and asked the Director-General to transmit this information to all governments. As one instance our Food and Drug Administration notified WHO in 1971 of a tightening of regulations regarding chloramphenicol and on June 25, 1971, the Director-General sent a circular to every country of the world giving full details of this warning. Sad to say, little action resulted.

In May of 1968, 8 years ago, the 21st World Health Assembly adopted a resolution on ethical and scientific criteria for the advertising of drugs. I have included in my formal statement a reprint of that resolution as adopted. More recently, WHO has set up a unit in Geneva for monitoring adverse reactions reported by the governments of the world. I am quoting from the Annual Report by the Director-General for 1975, presented to the World Health Assembly this very month. There was a total of roughly 100,000 reports received on about 12,000 drugs, but from only 21 of the 150 member countries of WHO.

Of even greater significance for the future was a discussion at the World Health Assembly in 1973 ending with a request to the Director-General to study (1) the feasibility of an international reporting system which would provide data on the scientific basis and conditions for registration and withdrawal of individual drugs and (2) whether practical minimum requirements could be established internationally. These might be problems in any international agreement because it probably would require ratification by the various parliaments of the different countries. But it is hoped that in the end the World Health Organization would be able to introduce such a reporting system.