private individual and he subsequently said—he didn't tell me, he told a staff member of one of the Senators—that he would appear then as a spokesman and representative of the AMA. Of course, at some stage he will be scheduled.

However, on the point you made about the responsibility of the organizations, Dr. Thomas Hayes is secretary of the Council of Drugs of the AMA. The AMA has over the years, I believe I am correct, been one of the advisory groups to the Pharmacopeia, and they furnish the professionals who spend the time to decide what drugs should be approved for inclusion in the Pharmacopeia.

So I think if they are prepared to do that, they ought to be prepared to give advice on what ought to be done about this very difficult and confusing problem, and I assume that perhaps they are. Certainly we will request that the head of the Council on Drugs and anybody else that AMA wishes to send to appear and give us the benefit of their knowledge which I am sure is considerable.

Dr. GARB. I hope that this will be helpful to you. I would want to make a distinction between general advise which of course the Council of Drugs or any other person or group could give just in answer to a question, and the kind of advice they have been giving the Pharmacopeia Committee is largely in the nature of technical advice.

Senator NELSON. We have a rollcall and we will recess. If something doesn't follow immediately we should be back in 15 minutes.

(Recess.)

Senator NELSON. We will resume the testimony of Dr. Garb. There will be another rollcall within the next 30 minutes. At that time we will recess for lunch. Hopefully, we will be able to finish Dr. Garb's testimony so we will not have to hold him over.

Go ahead.

Dr. GARB. Let us return to the three ways of prescribing. The proper way—a combination of generic and manufacturer's name would, of course, be the best. If, however, I am asked to choose between the other two—simple generic prescribing or private product name prescribing, I must choose generic prescribing as being the lesser of two evils.

I am quite familiar with the drawbacks, real and imaginary, to generic prescribing. I have heard that generic-name drugs are sometimes made in bathtubs, garages, and basements.

Senator NELSON. Is it not true that you could add a trade name to that?

Dr. GARB. Yes, sir; and it is quite true that if generic-name drugs are made in bathtubs, garages, and basements, so may private product name drugs be made in the same places.

Senator NELSON. I just wanted to make the point very briefly that the witnesses come here and they make all the arguments that are made about generic drugs and they fail to say every single argument can be applied to a brand-name drug.

Dr. GARB. This is absolutely true, sir. I am not saying that the drugs are made there. I am saying that I have heard claims that they are. I am not a judge of the accuracy of the claims.

If this is still so and if these claims are correct, then the FDA has the power to correct it and should do so promptly. I have heard that generic drugs are not subject to the same quality controls as private product name drugs, and that generic drugs are of erratic potency and sometimes pass through the patient without being absorbed.