cist the question: Why can't we use the list of "'Responsible prospective contractors' with respect to drugs and medical supplies as defined in the Armed Services Procurement Regulations, Part 9, June 1965, Rev. 11"—saying, what's good enough for the armed forces with their high standards should certainly be good enuogh for us, my pharmacist demurred noting that the armed forces could come along with a huge order and rigid specifications and while the generic house would be capable of producing this large quantity of drug with these standards, it did not necessarily follow that small orders of a variety of drugs would be provided of an equaly high standard. It is quite clear that in view of the increasing amounts of public and private funds expended for drugs, we must pursue to the limit the huge savings possible in the use of generic drugs. To do this, however, there must be an absolute security that every drug produced by every drug manufacturer, large or small, generic or trade name, must have met a high set of standards, fully policed by an FDA with the kinds of manpower and resources it would take to do this job.

It seems strange indeed to me that I can walk into any supermarket or grocery store and pick up a can of food without the slightest thought crossing my mind "is it safe?". The same kind of security both for health and economic reasons must be extended to every nook and cranny of the drug industry. I am enclosing as Exhibit No. 2 the inspection reports which we use at Montefiore Hospital.

The need to be asured about the safety of generic drugs is sharply pointed up by the following:

> "The HEW report to the President on Medical Care Costs states: Brand names prescribing raises the cost of drugs not only to patients but also to the taxpayer when drug costs are covered by public programs. There is considerable sentiment in Congress to require or encourage generic purchasing or prescribing of drugs under all Federally financed programs. Before such legislation becomes feasible, however, doubts about the therapeutic equivalance of drugs with the same generic name must be erased. A major study should be undertaken of the most frequently prescribed drugs to determine the efficacy of brand-name products and their supposed generic equivalents".

That there is a need for the Federal Government to mandate the use of generic drugs wherever possible is highlighted by a news story by David Bird in the July 24, 1967 issue of the New York Times:

> "Drugstore owners decided at a stormy meeting yesterday not to comply with the city's orders that generic drugs be substituted for more expensive brand-name drugs in prescriptions for medicaid patients.
>
> "If it is effective, the move could at least double the cost of drugs in the Medicaid program, which draws on Federal, state and city funds to pay health costs for the needy".

Since we are here because we are interested in the health of the American people and therefore we are interested in making sound drugs available at fair costs, we must consider the continuing education of the physician as it relates to drugs. Much of the physician education about drugs comes through the drug industry which currently spends about $3,000 per doctor per year in advertising to the medical profession. I am afraid I have misused the word education for that term could hardly be applied to much of the journal advertising, the mass of mail, and the blandishments of the detail men who bombard the busy doctor. It is unreasonable to expect the doctor to be able to discriminate between the valuable and the specious. All of us are impressed by things in print, particularly in living color. The problem relates to the continuing education of the physician at a time of rapid change in medicine and medical therapeutics. Advertising and detail men by definition are biased and yet for many doctors they represent one of the major organized and readily available sources of drug information. How many physicians have the time to read and evaluate the myriad of articles—some good and some poor—about new drugs. The carefully tailored drug company releases help him. But can we allow this critical area of physician education to be monopolized by the self-service interests represented by the drug companies.

In hospitals such as ours the doctor not only cares for his patients, but is involved in an extensive educational program with medical rounds, conferences, teaching of interns, residents and medical students. In this educational process