During the first several weeks, through December 4, we received 3,307 replies. Of these 2,554 contained comments and 753 were simply requests for copies of the Task Force reports. Since that time we have received several hundred more replies which we have not fully tabulated, but the nature and direction of the response did not appear to differ from the early replies.

Of those with comments, 1,709 or 66.9 percent were favorable to the recommendations overall, 529 or 20 percent were clearly negative, and 316 or 12.4 percent could not be judged either favorable or unfavorable.

On the specific issues discussed in the letter, the responding physicians indicated as follows:

1,621 physicians commented on our proposal for a comprehensive drug compendium. Of these, 1,246 or 77 percent were in favor and 375 or 23 percent were opposed.

1,419 replied to the recommendation for a journal of prescribing. 858 of them or 60 percent were favorable and 561 or 40 percent were opposed.

1,138 commented on the expansion of undergraduate training in clinical pharmacology. 751 or 66 percent were in favor and 387 or 34 percent were opposed.

1,070 physicians discussed our proposed support for continuing education courses in drug therapy. 789 or 74 percent were in favor and 281 or 26 percent were opposed.

What do these replies mean? First, they indicate the serious thought that many physicians have given to the problems involved in obtaining objective and reliable prescribing information. Beyond that, any judgments must be tempered with caution. This was not a survey in any statistical sense and it is therefore impossible to say that it does or does not represent the thinking of the entire medical community. But these replies clearly do show that a significantly large number of physicians are finding it difficult to live with the traditional ways of obtaining drug information.

Much more can be done, Mr. Chairman. For example, medical centers could establish drug information centers, staffed on around-the-clock basis very much like the existing poison control centers, to provide rapid access and complete information on the use of drugs as well as on the handling of adverse reactions. The National Library of Medicine is now developing through the Lister Hill Biomedical Communications Center, a plan for a communications network that would put such information at the physician's fingertips. The potential of this program, not only as a source of up-to-date drug information, but as a mechanism for continuing education, must not be overlooked.

In order to assess the impact of various kinds of information, programs of drug utilization review should be undertaken. These should help to identify thoughtless or harmful prescribing and to promote more rational therapeutic decisions. The Department of Health, Education, and Welfare, which already has a substantial stake in this problem, has not supported nearly enough research in the past, and to help remedy the situation I have established an Interdepartmental Committee on Drug Utilization Review. This committee will review and coordinate the Department's research efforts in this area.

Education is important but it is not enough. Another basic essential is forceful but reasonable Federal drug regulation. Some in the medical profession, including those in academic medicine, have tended to disparage the Food and Drug Administration, and in the past, some of this may have been justified. Even today, despite the dramatic gains of the past few years, more remains to be done. Experience, some of it tragic, has made it very clear that the Food and Drug Administration needs to be strengthened in the public interest and for the benefit of the medical profession and the pharmaceutical industry.

Critics of the FDA, friend and foe alike, agree that it needs a broadened scientific capability, that its scientific base is considerably less than that of the pharmaceutical industry it is charged to regulate. To meet this need, the Task Force has recommended establishment of a drug research center within the FDA which would provide additional opportunities within the agency for the kinds of drug research which underlie its regulatory mission. The Task Force has suggested in its Fifth Interim Report a number of examples of research that could be undertaken by such a center.

Education of the physician and the regulation of industry are but two elements; the third is a far better understanding on the part of society of the principles and problems of medical therapy. I believe that one of the most effective means of achieving better public understanding has been Congressional hearings such as these. They have generated wide public interest and they