have provided a means of determining the extent to which those of us in public service are discharging our responsibilities with wisdom, integrity, and energy. I believe that Congress needs to be provided with greater staff resources and funds for special studies in order to fulfill its obligation to society. Legislation and appropriations are but two key Congressional functions. Oversight of the Executive Branch is of equal importance.

Another essential for better public understanding is better public information. These hearings and the reports of the Task Force on Prescription Drugs have aroused considerable concern about the use and cost of prescription drugs, thanks to the efforts of but a few dedicated journalists. But these are matters which vitally affect all Americans and they deserve much broader public discussion.

It is important for those outside of the medical profession to look inside, at us. But it is equally important that we in the profession critically appraise our own activities and our own responsibilities. We should demand, for example, to know how much support our medical societies obtain from sources outside of the profession, particularly how much comes from the drug industry.

We should be interested in knowing where the support for publication of drug studies comes from. Certainly every study done under a Federal grant is identified as such. Should we want to know less about funding of such studies by private sources?

In conclusion, Mr. Chairman, I would like to state my conviction that the problems facing the medical profession in the use of prescription drugs must be solved by doctors themselves. We can benefit greatly from the attention that has been drawn to the problems of drugs in our society. But I doubt that any solution that comes from outside of the profession, or that lacks the understanding and support of physicians can produce the changes that are urgently needed in medical education, prescribing practices, and the protection of the American people.

But there is growing evidence that physicians—and medical students—are deeply concerned, and I expect that this concern will be evidenced in support of measures both public and private to help assure that the medical profession—not the makers and sellers of drugs—will retain its critical responsibilities in this area.

Thank you, Mr. Chairman.

Senator NELSON. I would like, at this time, to pay tribute to Dr. Lee. During his tenure of office with HEW he proved to be a very able and dedicated public servant. He will be sorely missed. We have had many occasions to call upon his services and he never failed to respond promptly and to cooperate fully. He has been present at a good many of our hearings, and his good counsel has added immeasurably to the study we are conducting. Our thanks and best wishes go with him as he undertakes his new duties.

Today's witness will be Dr. W. J. Hagood of the Little Retreat Clinic in nearby Virginia. Dr. Hagood is in private practice and is one of several physicians who requested an opportunity to appear before the subcommittee. The Pharmaceutical Manufacturers Association also asked us to extend an invitation to Dr. Hagood and we are happy to do so.

We have a biographical sketch of Dr. Hagood which will be printed in the record prior to Dr. Hagood's statement.

(The biographical sketch of Dr. Hagood follows:)

BIOGRAPHICAL DATA

Name: William Joseph Hagood, Jr.
Born: Victoria, Virginia, January 6, 1918
Education:
Harlan High School, Harlan, Kentucky
Eastern State Teachers College, Richmond, Kentucky (Bachelor of Science)
Medical College of Virginia, Richmond, Virginia (MD) 1943