

was not my understanding that they had been proven guilty of this, and that they had purposely and willfully cheated.

Senator NELSON. That was the finding, December 1967, guilty of criminal conspiracy to fix prices. Guilty on three counts. It was a jury trial. This isn't the only one, but they were found guilty.

This is the point I would like to make with you, Doctor. This committee is conducting hearings on practices which we think, as they evolve, are inexcusable and the public is entitled to know them. That doesn't mean that a company doesn't also do some good research, but the posture taken by the Pharmaceutical Manufacturers Association in the propaganda they spread so effectively because they have vast amounts of money to do it, is that this committee is making a general indictment of doctors, a general indictment of the medical profession, a general indictment of the medical journals. That is not the case at all. We are raising those questions in those areas where there is an important public issue, and whereas a company is entitled to credit for research and healthful discoveries, they are entitled and should receive criticism when they gouge the public, and that is what these hearings are all about.

Thank you.

Dr. HAGOOD. Now that I have used the words Signemycin and tetracycline I will express myself on the subject of generic versus brand name.

I will continue to prescribe brand name drugs until I can be assured a generic drug is as effective, no more toxic, as convenient to give and is cheaper than the brand name drug. And these assurances must be present batch after batch after batch. Furthermore, I prefer these assurances be arrived at by a nongovernmental source or a source composed of representatives from the medical profession, the pharmaceutical industry and the Federal Government.

As far as price is concerned I am not knowledgeable enough to make a firm statement other than to say I don't believe you are going to set a price that will produce more than ephemeral satisfaction to the public. Doctors, hospitals, and drugstores have always been targets of dissent and they always will be because they represent sickness, bad health, unhappiness—something no one wants. True—many patients are grateful and probably the majority are at times. Nevertheless, nobody cares to be associated with any part of the medical profession any longer than absolutely necessary. Yet, when they are involved with the medical profession they expect good results.

And results leads to the much discussed subject of equivalency. To me, equivalency boils down to who is involved. If the drug is made by what I consider a reputable drug house I will accept it. If it is made by a drug firm unfamiliar to me but vouched for by my local pharmacist I have known for 15 years I will give it serious consideration, then decide whether I will accept it.

The third point on generic versus brand name drugs concerns the name of the drug. I would prefer to reduce confusion of drug names so a specific drug is known by the same name with the drug manufacturer's name following it. This suggestion opens up discussion for many other problems, such as, patent rights, royalties, profits, et cetera. And again, I am not knowledgeable in these areas—but would it be reasonable to allow the initial manufacturer to name the drug with