as you have said, a concise, short presentation of an organization that has a long and distinguished history in this country. Nevertheless, since it is the function of this committee to probe these very questions, I necessarily have to ask the hardest questions I can think of. Sometimes they are not very hard. And some of the questions I ask may not be very perceptive. In fact, some may be considered foolish. That is because nobody on this committee, particularly myself, poses as an expert on any aspect of this field or as an expert in the issues before this committee. The committee conducts hearings and hears testimony of experts who have conflicting views so that the whole story will be in the hearing record, so that it may be read and evaluated and so that the Congress sitting in the position, so to speak, of a jury, may make some kind of evaluation as to what the testimony means and whether or not legislation is required in some area respecting the public interest.

Now, I try, as I said, to make my questions as tough and probing as possible. Some witnesses even think, if you can imagine it, that some of my questions are offensive, and some people even think the questioner is offensive. That is not my intent.

I want to say also that I try to ask the most probing questions I can, affecting all the issues that have been raised here. I note that very frequently I am quoted as advocating some position because of the questions I ask.

Dr. ANNIS. I can appreciate that, Senator, I have had that directed toward me a few times, too.

Senator NELSON. I ask questions that occur to me, saying why is this not a good idea, and then I am put in the paper as saying I advocate doing such and such, and then there will be an editorial someplace, in one of the medical publications, saying how foolish the proposal I advocated was when, in fact, I did not advocate anything. I am just asking for information. I may conclude after hearing all the testimony that I agree with the proposition implicit in the question I asked. Or I may not.

Now, having said that, I would like to ask some questions.

First, on the continuing question of generics versus brand names and labeling of drugs and so forth, it seems to me, after 2 years of listening to testimony, and after reading the arguments made by the drug manufacturers, that there is a continuous and very successful attempt by the manufacturers to convince the medical profession that you cannot ever trust generic drugs, and that you have to prescribe brand names, particularly the brand name of a particular company. We have not received any adequate testimony from either side—when I say adequate, I mean we have not had any conclusive testimony that a brand name is better than a generic. The FDA is presently testing a whole series of very commonly used drugs to try to settle this question. The test I refer to, a previous test made by the FDA, is of some 4,600 drugs, of which 2,600 were generic drugs and 2,000 brand name, and they tested them only for potency. On that particular test, the generics came out slightly better than the brand names.

Pharmaceutical manufacturers attacked it on the grounds that it was not accurate and the FDA, after reexamining it, conceded that there were six instances, I think, out of the 4,600, that were erroneous.

In any event, as I recall, about 8.8 percent of the brand names failed the potency test; that is, they were slightly under or above the USP standards, and 7.7 percent of the generics failed that test.