commission is rewriting some of their standards and we are hopeful that they will actually get into it, into the standards, the need for drug usage surveillance programs.

Now, we recognize that there is a great limitation to the effectiveness of a registry which involves voluntary reporting of adverse reaction to drugs by physicians. A physician for some reason or another, and I am not prepared nor at any time would I be prepared to say why, is reluctant to report, but the sad fact is that they do not report readily. So now, and for the past year and a half, what we have been doing is developing a plan to establish drug usage surveillance programs in hospitals, so that those programs would develop the data, the firm data, reliable data, so we would have some indication of the overall usage of chloramphenicol and all other drugs used in a hospital and be able to get firm data on their adverse actions. We would know who is prescribing them—that is, the local hospital would know who is prescribing them, for what conditions and what the effects were. Out of that, we would have, instead of estimates, we would have firm reliable data.

At the same time, the governing body of the hospital, in situations where there was evidence of misuse or overusage of a drug, would be able to take some remedial action against those who might be misusing or overusing drugs.

So we recognize our deficiencies. We are trying to do something about it. I think that over the course of years, the posture of council has been one of progressive deliberation. We are not sticking our heads in the sand; we are trying to do something about it. I think that we enjoy a considerable amount of success.

Senator NELSON. I have some more questions on this, but it is 12:30. Let me ask you, Doctor, I have not covered but a fraction of the questions and areas I want to cover. How much time will you have this afternoon?

Dr. ANNIS. I made the whole day available to you, Senator, because I am just as anxious as you are to present our position and our willingness to cooperate toward the end of better drugs and better therapy.

Senator NELSON. If it is not possible to finish, can we set another date in the future to finish?

Dr. ANNIS. Yes, we could in the future. It would not be in the immediate future, but I imagine your schedule is just as tight as mine.

Senator NELSON. Yes. I ask you that because I do not think we can get to all the material today.

Dr. ANNIS. I would be very happy to come back.

Senator NELSON. Thank you. Why not come back at quarter to 2? That will be 1 hour. Is that all right?

Dr. ANNIS. Very good.

(Whereupon, at 12:35 p.m., the committee recessed, to reconvene at 1:45 p.m., this same day.)

AFTERNOON SESSION

Senator NELSON. I had not intended this morning, or at that moment, to get off on the chloramphenicol thing, but since we did it, I did have a couple of questions to ask just to finish what we had before we left.