Dr. LONG. That is correct.

Senator NELSON. Testimonial proof or clinical proof?

Dr. LONG. This is clinical proof. In the final analysis, Senator—and this is really the only point I want to make—in the final analysis it is not what it says in the drug manufacturers' advertising. It is what does the patient tell you about how he feels after he has taken this drug or that. And it is the clinical examination of the patient by physical means, physical examination, and examination of the patient by laboratory means, if you will, in addition, the total evaluation of the patient. This to me is the therapeutic result. This is what happens to the guy who is sick.

Senator NELSON. Do I understand you to be saying that if you prescribed a particular drug——

Dr. LONG. Let us take a common one like aspirin. I treat a lot of people with arthritis. And I have over the years had many patients who on a given kind of aspirin—I cannot even tell you the name of it—let us say a cheap aspirin, if you will, or let us say a low-cost aspirin, if you will—and these patients with rheumatoid arthritis, for example, will take a dozen tablets a day, and do badly, they are just not comfortable, their joints are still stiff and painful and swollen, and then they will change to a different brand of aspirin—both of them plainly labeled USP—and they will immediately get relief from their symptoms on the same dose.

Senator NELSON. Did they meet USP standards, is the question. You recognize——

Dr. LONG. Let us say they are plainly labeled USP in both instances.

Senator NELSON. That is not the question, because we know that brand names and generic name drugs go into the marketplace lacking adequate quality control and supervision and they cannot meet USP standards. The testimony before the committee by USP and other distinguished pharmacologists is that if they meet USP standards they are therapeutically equivalent. I am asking did they, in fact, meet USP standards?

Dr. LONG. I have to assume so, if the manufacturer is following the labeling law. I have the impression that he is violating the law if he labels it USP and it is not USP.

Senator NELSON. Correct, and that is what is happening in both brand and generic names. And many of them are pulled off the market every year. But the real question we are getting at is—do you have a case? We have been seeking one. The reason I raise this, Doctor, is that we have been seeking one publicly in this forum for 2 years, and I would think that the manufacturers themselves would come up with an example. But they do not. And all I am saying is, do you have an example of two drugs meeting USP standards and not being therapeutically equivalent? I do not mean testimonials, because I do not think that means much. Do you have a case in which you have done double blind testing with an adequate sample and proved that the 20 drugs that were assayed to meet USP standards are not therapeutically equivalent? That is the case that we have not been able to get.

Dr. LONG. Well, as I say, I did not research this scientifically or in the medical literature. I am persuaded on the basis of my nearly 30 years of experience as a practicing physician, and my contacts with