Senator NELSON. Just pursuing for a moment the close association between the medical societies and the industry, were you aware that the AMA is an associate member of the Pharmaceutical Manufacturers Association?

Dr. ADRIANI. No, I just heard that. It came as a surprise to me. I did not know they were a member of that organization.

Senator LONG. How do you get to be a member?

Senator NELSON. Associate member.

Dr. ADRIANI. I did not know that. I do not know why they should be an associate member.

Senator NELSON. Do you think that is generally known among the Drug Council members?

Dr. ADRIANI. Among the council? No. Unless this testimony becomes public—they will know it then. But I would wager to say that none of them know it. I am hazarding a guess though. Because it came as a surprise to me I imagine that if you took a poll among the members of the whole association that they would be surprised to hear this sort of thing too.

Senator NELSON. You have covered your statement in general.

Do you want to present that part of your statement that you haven't covered as of now?

Dr. ADRIANI. I think I had gotten to the labeling on the over-the-counter drugs. I think they should get no preferential treatment as far as full disclosure is concerned.

I think that if you make mandatory generic naming of all drugs, that this would reduce the total number of compounds available, and it would not hurt the public one bit. I think it would help the pharmacist. They would not have to stock as many items. They would not have to have five different combinations when maybe one combination would be the one that sells.

The matter of generic equivalency, I think, is something that I would come right out now and say is a lot of nonsense. Who really knows anything about it? And if it turns out that there is such a thing as generic equivalency, I think that the U.S. Pharmacopeia which is a pretty solid organization will give it due consideration. They have done a commendable job, and they will change the standards as required when facts become available. So will the National Formulary. These two groups can be leaned on. It is hard to test it, actually. When they talk about generic equivalency, they mention blood levels. You can give a patient who has asthma an antihistamine and it will do no good because even though it circulates in the blood it is not getting into the cells where the trouble is. So a blood level does not necessarily indicate how effective a drug is. In testing you measure the blood level in a normal individual, and it is not going to tell you anything about what the drug does to a sick person.

The proof of the pudding is in the eating. Of course if you really want to do it, the right way would be to infect some one with a disease and give the drug to see if it works. We cannot do that kind of experimentation obviously. Animal studies cannot be transferred to individuals. So generic equivalency is one of these nebulous things. A lot has been said about it, but there is very little concrete evidence that is useful at this time. If it should turn out that there is indeed a