on the market which has no demonstrated superiority over the others. The Medical Letter says any rational prescribing would take the established, lower priced one.

Now, if evidence develops in clinical studies that the newer drug has superiority for some purpose over all others, that is the time to purchase it. On what grounds can it be prescribed, when there is no superiority at all? On the hope that because it costs $43 that it might do better than the 50-cent-per-thousand drug if you use it long enough?

I do not think there is a valid basis for making a decision that way.

Dr. HABER. Senator, anyone who has seen large numbers of people, aging people, admitted to psychiatric or to general medical institutions for the purpose of caring for them in nursing homes, cannot but be struck with the fact that many of these patients have for years been maintained on small doses of inexpensive barbiturates.

The number of side reactions is legion, of course. I am not trying to condemn the barbiturates, I am just trying to say many, many times when an antianxiety agent or tranquilizer is required and the barbiturate has been used, and abused, we must have recourse to some of the other drugs, albeit they are not the least expensive, and I have seen situations in which the long-term use of barbiturates has been the most effective barrier to treatment of this particular patient, and another tranquilizer could be substituted.

Senator NELSON. That does not get at the question, and I still have a whole series here where the best medical evidence was that there was another drug available, much cheaper, and the clinical evidence was that the one being purchased was no more effective, or in some cases less effective, than the drug being purchased at a tremendously higher price. Certainly you are not arguing against the proposition that we use the best scientific, medical, and pharmacological evidence available today for deciding on drug purchases at Government institutions, are you?

Dr. HABER. No, sir. I am arguing that there are conditions and there are variances in the human psyche and sometimes it is difficult to argue which is the best or the cheapest drug to use.

Senator NELSON. I do not think anybody would argue with that. Could you, on the question of the purchases, submit more detail on the small business purchases and percentages so that we have it clear for the record?

I do not think our discussion and dialog back and forth made it clear.

Dr. WELLS. You want us to elaborate on the small business purchases?

Senator NELSON. Yes, please.

Dr. WELLS. We will do this, certainly.

(Subsequently the Veterans' Administration submitted the following information:)

The question was raised as to the percentage of procurement from Small Business. Our statement indicated that approximately 16% was acquired from Small Business firms, 5% from local pharmacies and the remaining 79% from other sources. This was not reconcilable with the data we had previously furnished you.

The data that was available to your staff prior to the Hearings related only to those purchases from our central buying program. The percentages we