

Colonel SNYDER. Yes, sir.

Admiral ETTER. The answer is yes.

Senator NELSON. Would you like to skip to page 17. I think we have covered everything up to there.

Admiral ETTER. Start with the paragraph, "The procurements"—

Senator NELSON. No; I wanted to discuss the drug Titralac. Is that an antacid?

Admiral ETTER. The Titralac; yes, sir.

Senator NELSON. Titralac. And that is for gastrointestinal problems, peptic ulcer? Is that the area that we are talking about?

Admiral ETTER. Yes, sir.

Senator NELSON. And that was a sole-source procurement item?

Admiral ETTER. No, sir. It was not. It was a single-source procurement.

Senator NELSON. Single source?

Admiral ETTER. It was single source from the time that it was first standardized in 1964 up to 1968. Since 1968, there have been two or three other bidders, and Riker Laboratories, which originally had the contract, has not had it since that time. Chase Laboratories has had the contract, and I think Abbott has one at the present time.

Senator NELSON. I couldn't find it in USP or NF as an antacid. Dr. Burack doesn't mention it.

What does this antacid have that any number of others don't have?

Admiral ETTER. As I think I tried to point out earlier, Mr. Chairman, this one was originally recommended for type classification because of its use, and of prescribing by a large number of physicians in Air Force hospitals. At the same time, the Navy and the Army, because of their experience with the drug, agreed that this was a good agent. This happened to be one that they felt had a high degree of patient acceptability, and in which the doctors who were prescribing had confidence. This is only one of 18 or 19 antiacids which are on our standard listing, so that we have a choice. The doctor can pay his money and take his choice in these particular antiacids family compounds.

Senator NELSON. You have 18?

Admiral ETTER. Eighteen or 19, I think, sir.

Senator NELSON. Are there any clinical studies to indicate that they do anything the drugs listed in NF and USP don't do?

Admiral ETTER. Most of them are listed in the NF and USP—the other ones to which I spoke—the other list of 17 or 18. And here, again, we are back to the matter which we discussed earlier—the physician's choice and patient acceptability of this particular one.

In this regard, Colonel Clark has not had an opportunity to say much yet, and he is an internist. I would like to know if Colonel Clark from the Air Force Surgeon General's Office would like to comment on this particular item.

Colonel CLARK. I am not sure I can add anything to Admiral Etter's statement. I think the number of antacids required reflects the gamut of physician training, each physician being trained in the use of different drugs, and it also reflects the fact that this is a chronic problem we are talking about—many of the patients have been taking drugs for many years and they are reluctant to switch to a different one even though they might get a good result.