Mr. CROWTHER. Well, they do receive information—more recently—now. They have not been supplied with any substantial amount of information from the Food and Drug Administration until recently. Within the past few months, the Food and Drug Administration is disseminating more information. It is available to these people upon request, but some of it is being disseminated at this point in time.

Until now, essentially the information came from the sources we suggest in the statement, but they do have an input from the Food and Drug Administration and these lists of "ineffective" drugs are now available to each of the Government facilities.

Mr. GORDON. If I recall correctly, I think Dr. Edwards stated yesterday when he appeared before this subcommittee, that the Food and Drug Administration has more information about drugs than anybody else.

Now, do you think that it might be a good idea for the FDA to advise Government agencies which drugs are the best drugs to buy in the various therapeutic categories?

Mr. STAATS. Of course, there is also the Food and Drug Administration's study which Dr. Edwards outlined to the committee yesterday which had been made available to the agencies, but this is a fairly recent date. The agency issuances that I have here are all dated within the past few months, for example. The Food and Drug Administration's listing as you probably know, was dated November 1, 1970. So there has been this input and the appropriate directives have been issued by the Veterans' Administration and the Defense Department and the Public Health Service.

But I believe what you have in mind goes a step further and that is in the actual development of the formulary which would extend beyond the listing which came out of the FDA-NAS study, if I understand you correctly.

Mr. GORDON. Yes. These lists are merely negative. These are drugs that are ineffective and they should not be used. I am thinking of it in a positive way.

Mr. STATTS. I do not know that we can say that we have given our final thought to this point. But I believe our conclusions—and we have talked to Dr. Edwards—would be that there is an opportunity here for the FDA to play a more positive role than they have to date. But this will translate itself into funds and personnel and to establishing working relationships with the procuring agencies.

I do not sense any reluctance or reticence on the part of Dr. Edwards and his people in moving into a more positive role, if I may put it in those terms.

Senator NELSON. Over the past 4 years we have had a number of very distinguished witnesses, well regarded in their respective disciplines from all over the country, express their concern about the continuing education of physicians in all fields. Since these were hearings on drugs, they expressed a concern about continuing education of the physician in the field of drugs, which is particularly difficult, since there has been such a spectacular proliferation of new drugs and molecular modifications of old drugs, and new