That was his testimony at page 9022 of the transcript. Then he also said:

I think that very frankly we are the only reliable source which the practicing physician should be able to look to to obtain some of this relative efficacy type information.

In your program of purchasing drugs why don't you consult with FDA for advice?

Mr. DWINELL. We do, Mr. Chairman. I think the thrust of what we were saying on page 9 is that we rely on all of the best evidence that we can get, from FDA, from the Medical Letter, from other sources.

Senator NELSON. Is that a new policy?

Mr. DWINELL. No, we always have.

Senator NELSON. That puzzles me because if it were your old policy, how did you end up buying a long list of drugs for which there was an equivalent drug just as effective?

Mr. DWINELL. Well, may I say——

Senator NELSON. And much cheaper.

Mr. DWINELL. We were not concerned at that time with the relation to efficacy. The expert advice that I am referring to was as to efficacy, not as to price, because following the general guidelines of the Foreign Assistance Act which directs our Agency to follow as closely as possible the normal standard practices of trade, it had been our practice to finance pharmaceuticals, as I have already pointed out, at what were determined to be prevailing prices, even if those prices seemed to be excessively high prices.

We took that to be the general policy and we are directed to follow—to encourage normal business trade practice as a financing agency.

Mr. BARONDES. I think even to this day I have yet to see a study by the FDA which speaks of the relative efficacy of the drugs. For example, for expert information on the relative efficacy of triamcinolone and prednisone, we have to rely on the Medical Letter. We have discussed relative efficacy in terms of price. As to the statement of the FDA that they will—they should keep us fully informed, I am not certain now whether they are talking to the subject of efficacy and safety or whether they are also talking to the question of relative efficacy in terms of one drug as against the other and its relationship to the price.

Senator NELSON. But you did decide that 14 drugs would not be purchased because, as I understand it, there were equivalent tetracyclines, for example, in six cases, at a much lower price. Is that the reason?

Mr. DWINELL. That is correct, Mr. Chairman. And this is a special rule, as has been indicated, that has been put in for the financing of pharmaceuticals.

Senator NELSON. How did you happen to select this grouping of drugs?

Mr. DWINELL. As I understand it, those are drugs which we had financed before or been requested to finance for which we have determined that there are pharmacological equivalents by generic description at lower prices. This does not mean that this is an