Colonel LINDSEY. We have a number of certain types of penicillin which may not be irrational. Other than the topicals, we have no combination of antibiotics.

General HAYES. To carry on a little further to develop the thought that you had about what are we doing on cost ideas and formularies, the Air Force has in its Medical Digest which comes out monthly a continuing program entitled "How Much Does It Cost?" I will not—again, I will not read all of this, but I will read a little of it and then I will put this in for the record and this will be No. 5:

> How can we readily identify the comparative costs of similar drugs and how can this information be made easily accessible to the practicing physician? The data automation system has many reports that are used to manage our medical resources, but there is not a simple, convenient way in which the practicing Air Force physician can identify and compare the relative cost of similar products of pharmaceuticals.

They go on and develop that a little bit. But then they give the examples in this and this is only one issue of this, where they, in a table, compare the costs of appetite control preparations, for instance—dexedrine, cost per day, 8 cents; Ambar, 3 cents; Eskatrol, 7 cents; Preludin, 9.[1]

Senator NELSON. Are these prices based upon prices charged the hospital by your central procurement? These are not local pharmacies?

General HAYES. No, these are the central prices.

Again, I will not burden you with this whole business. But this is an example of how they are trying to bring to the attention of people what the prescribing members in terms of dollars and cents as well as the effectiveness.

There is another management publication that the Air Force has and this one again emphasizes the "how much does it cost" aspect. The Air Force can do this a little bit better than the other two services because they have at the moment a better system of automation for data computation. But the other services are doing much the same kind of thing in the ways that they can do them.

Mr. GORDON. On page 13 of your additional statement, you say that you have no objection to turning over to FDA "our job of inspection and testing so long as they do it as thoroughly as we do." Then you estimate that they need 3,000 more highly skilled personnel to do the job.

Now, I notice from the material that the GAO gave us that you have approximately 76 people to do that type of work. Why do you say the FDA would need 3,000 more people to do the same job?

General HAYES. Well, there is one little phrase in that sentence, "for the country," that we are doing for the Department of Defense.

Mr. GORDON. Oh, for the country.

General HAYES. If they did it for us, they would not need 3,000. But if they are going to take on the whole job the way we do it for the whole country, they will need 3,000 more people. And that is a guess.

Mr. GORDON. I see. How about doing the job for the Defense Department, rather than for the country?

General HAYES. Well, as we say, if they will do it and do it as well as we do it, we do not care.

Mr. GORDON. One other point. A study has been made fairly recently by Dr. Paul Stolley of Johns Hopkins, Dr. McEvilla and others that show that antibiotics and other drugs are being prescribed fre-

[1] See p. 9041.