lowest priced products showed greatest bioavailability, the lowest priced product would be selected for use.

While this plan sounds simple, it is in fact, quite complex. While methods are now available to determine the bioavailability of some drug products, development of others would take time and talent; development of methods for a few drugs may be impossible. But there is no other acceptable way to gauge the quality of most drug products other than by measuring the release of the active drug from the dosage form and its absorption and distribution into the blood stream. Methodology for such studies is of recent development.

When this plan is implemented, it will be supportive of this Committee's effort to achieve quality drug products at the lowest price. Great emphasis will be placed in testing the quality of the lowest priced drugs and the product meeting the bioavailability standard and at the same time was lowest in cost would be the one of choice.

We believe, however, that it is essential to monitor the quality of each batch of drug product by bioavailability studies for the same reason that VA now has FDA assay each of its items purchased competitively. To do otherwise would offer no assurance to the physician regarding the quality of the drug. The drug is now labeled as meeting USP standards but that provides no assurance to him; neither would a statement added by the manufacturer that this product meets bioavailability standards. In the absence of a proper monitoring system, no one can be assured.

You may well ask: Why is the VA thinking of doing this? Isn't this job the responsibility of the FDA? Our answer is that no one is now doing it, yet there is a great and growing demand to lower the price of drugs. The state of Tennessee, through its colleges of medicine and pharmacy is prepared to put up matching funds in order to make VA's program available to its citizens. The college of pharmacy has responsibility for the purchase of quality drugs at the lowest price for the State of Tennessee.

PROFESSIONAL SERVICES LETTER,
May 20, 1972.

To: Director of VA hospitals, domiciliary, VA outpatient clinics and directors of regional offices with outpatient clinics.

Subject: Recent information on effectiveness of drugs used as coronary vasodilators.

1. Recent research has established that the use of nitrates administered orally for the prophylaxis of angina is a questionable practice. The drugs have been found to be destroyed by an enzyme secreted into the small intestine by the liver. The enzyme is recognized to be glutathione organic nitrate reductase.

2. The use of sublingual nitroglycerin tablets is, therefore, the theory of choice for the management of anginal pain. The Medical Service recommends that this method be used whenever practical.

3. It would also be noted that nitroglycerin tends to lose potency when it is stored in plastic containers which are not sealed against the atmosphere. Therefore, it is recommended that all nitroglycerin supplies should be stored in tightly capped glass containers.

LYNDON E. LEE, Jr., M.D.,
ACMD for Professional Services.

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., February 17, 1972.

Hon. GAYLORD NELSON,
Chairman, Monopoly Subcommittee, Select Committee on Small Business, U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: I am pleased to furnish information for Fiscal Year 1971 to update material furnished you in 1970 as requested in your letter of January 5, 1972. Our hospital at San Juan and Outpatient Clinics at Manila and Honolulu are not included in the data furnished. Also, this report excludes our Los Angeles Extended Care Hospital because an emergency major patient relocation required full time of the staff at that station.