

the Food and Drug Administration to be unfit for human use and will be destroyed;

The remaining \$23.9 million of shelf items have useful life established through December 1969; reinspection and testing at that time should result in extension of usable shelf life.

Chairman PROXMIRE. This \$3.3 million that were destroyed—how does this compare—is this a better record than you had in the past?

Mr. KNOTT. Yes.

Chairman PROXMIRE. Considerably better?

Mr. KNOTT. Considerably better. I think we had a figure, at one time, that ran as high as \$24 million.

Chairman PROXMIRE. That was the reason I put the bill in.

Did the life of these items expire, or was there some other cause?

Mr. KNOTT. The larger volume, or the improvement?

Chairman PROXMIRE. I am talking about the \$3.3 million, this particular item.

Mr. KNOTT. This particular item. Yes, these simply were determined to be unfit for human use. We have been attempting to redistribute these before the shelf-life time expired. But, we just did not make it on this \$3.3 million.

Public Health Service has reported that excess materials valued at approximately \$10.1 million were utilized by VA and DOD from May 1965 to September 30, 1967.

We also reported to you last May that, with respect to the problem of short-shelf-life items in the civil defense medical stockpile, an inter-agency committee composed of representatives of GSA, DOD, PHS, and VA had developed a plan to assure utilization of stockpile materials prior to expiration of their shelf life. During the final clearance of this plan it developed that existing stockpile facilities were unable to handle the redistribution of small quantities of stock.

As a result we are investigating the feasibility of bringing required stocks into the existing Federal Supply Service distribution system in bulk for subsequent redistribution to the smaller users. Under this plan bulk distribution to large users direct from the stockpile storage points would continue to be made. We expect to have the feasibility of this approach decided by February 1, 1968, and if no further problems develop we expect to implement the plan no later than June 30, 1968.

Until this plan is completely developed and implemented, we will continue to utilize short-shelf-life medical stockpile items under the interim arrangements we discussed in May 1967.

DHEW also advises that the Office of Emergency Planning's Task Force on Emergency Health Preparedness has, to the extent possible, selected all military specification or Federal specification items for inclusion in the current program involving community and packaged disaster hospitals.

This should facilitate greater utilization of expiring shelf-life items in this program in future years. As I indicated in May, this same task force has developed a plan whereunder a 30-day inventory of certain of these items will be located at and rotated by community hospitals. The goal is to distribute 1,800 units consisting of 30-day supplies for 200-bed capacity hospitals over the next 5 years.

Chairman PROXMIRE. Congratulations. I am glad you are making this kind of progress. It is very encouraging.