

that this is the extent to which communities are grasping for this thing. And I know that you know all these things and yet I wonder at your ability to say, well, we are going to put another 4,000 here in the District on it and see what happens, because I can tell you what is going to happen. You are going to get a 20-percent increase in addiction across the United States this next year without it, period, and you may still get that 20-percent increase, but at least you will be controlling part of it if we are in a situation in which we are dispensing it under prescribed regulations.

One other point. If you had a drug that had been used on 1,700 people, recommended by two or three acceptable medical authorities, and FDA said it had never been tried on dogs and cats and rats and mice or whatever they have got to do, would you have the budgetary—and assuming it passed your superficial criteria—could you find the rats and mice and whatever to test it on? I am talking about Perse, which, I understand, you are aware of and to us laymen it sounds wonderful and I am willing to concede that it may be as bad as Beethoven, but the point is that here we are talking about some monkeys and some dogs and some rats and the fellow who has it has not got the monkeys and dogs and rats.

Can you give it to monkeys, dogs, and rats to the point that the FDA can at least give out an IND number on the thing?

Dr. BROWN. Yes. We could take the drug and do work on it.

Mr. STEIGER. Would you?

Dr. BROWN. After we went through the painful process that Chairman Pepper said that he was not in good spirits with, of looking carefully at the papers and seeing whether it was worth doing with the limited capacities we have.

Mr. STEIGER. All right. If you will stipulate that 1,700 people have taken this thing over a year, that there are—we will give you the testimony. I am sure the chairman will be happy to provide it.

Dr. BROWN. We would be glad to explore it in depth and give you our best answer.

Mr. STEIGER. The point is that you are talking about help not only for the addict but for people who drink too much. You could have an impact that would fairly exceed the addiction problem. You could be heroes nationally, not just to the addict population.

The point is that we do not understand all of your problems obviously, and we do not make any pretense that we do, but we have some very specific things here that it seems to us that need to be done; you are the people who have to accomplish them and you are not accomplishing them.

Now, that is the way it looks to us. That may be very unfair but there it is, at least to me. I cannot speak for the balance of my colleagues, but I think you should be aware of this and it should not be just a polite situation.

Would you respond to that, Doctor? Would you give us a commitment to look into Perse? I think that would make us feel good.

Dr. BROWN. We have already and we will be glad to do a very thorough evaluation and get an answer back to you.

Mr. STEIGER. Tell me, in your preliminary examination you apparently have not been impressed with it; is that correct?

Dr. BROWN. Mr. Besteman has been involved directly.

Mr. BESTEMAN. The man on my staff who is a pharmacologist has been scheduled twice to meet with Dr. Revici and the FDA in the Parklawn building and two meetings have been canceled. We have asked for written material and we have pursued it from our side. It is a matter of waiting for the data to come to us but we are in the position that if the claims are substantiated, this is something we cannot ignore and we have actively gone after the data. We do not have it.

I understand there has been some illness involved and this has been one of the problems.

Mr. STEIGER. Doctor, are you aware that we had testimony here from two physicians who have used this?

Mr. BESTEMAN. Yes.

Mr. STEIGER. Would not their experience be of some value to you in evaluating this?

Mr. BESTEMAN. Yes, it would be; but we have to start even more basically than that because they are talking about the drug and once you start at that level and work forward—you do not start from testimonials and work backward. There are many things that clinicians, and I have been one, believe in.

Mr. STEIGER. Oh, I know.

Mr. BESTEMAN. And they even work because I believe in them and I get the people who work with me to believe in them and we are both happier, but then the next fellow down the block cannot do that, and this information from the clinical setting alone is not enough.

Dr. BROWN. What we are saying is we have pursued and made ourselves available and I think Commissioner Edwards said the same thing. We are ready, willing, and aware.

Mr. STEIGER. OK. I will just explain this to you, then. We are well aware that Dr. Revici is not the conventional physician, scientist, et cetera. Fine. And what he has may or may not be of value. But on the other hand, while it has not been tried on the rats and mice, there are 1,700 people who have taken it and they are fine, or better than they were.

It seems to me that we have an obligation here that you have got \$17,700,000 to spend and you are the people—it seems to me that you have to be more aggressive than simply establishing an appointment that the guy does not keep and then if he does not keep it, ergo, your responsibility is ended. It may be protocolwise or professionally that is all you should do but that is not going to help us, and again, we are in a situation where the barn is burning and everybody is standing around explaining why they cannot put out the fire, picking a few dandelions off the lawn but the barn in the meantime is burning down.

Dr. BROWN. I think we have been more than just waiting. We have asked for the materials. Now, we really are at it. You must understand that whenever the barn seems to be burning, there is this feeling—let me go back to an early implication of your question. There was similar feeling, I think, 7 or 8 years ago that has occurred again about cancer, a terrible thing. Once you get involved in the cancer situation it is heartrending. It hits almost every family. A large program to screen every possible drug that might have an effect on cancer was approached. Everything that might help ought to be screened through thousands and millions of rats and mice. That approach tried and did not pay off.

We could go into the drug area and say this is so important we had better try leads of any sort and have that kind of desperate approach.

I do not think it is wise. So, that we have had experience with a sense of urgency and people dying. You know how many people die of cancer each year and we find that we must proceed somewhat thoughtfully clinically. If you had the real feeling that we just were pushing off the man I think you would be right.

One of the problems we feel is most interesting and difficult is that many of the most important research advances would have come from men who could not get a research grant from us because it would have been such an unconventional idea. It is very difficult, mystifying. How do you deal with the problem that it quite often is the unconventional idea? We do not yet have the mechanism to see which ones of dozens and hundreds of thousands of unconventional ideas are going to be the payoff. We do know, however, from the nature of people who have unconventional ideas that pay off, they all were terribly persistent. They all kept at it. They all bootlegged, bootstrapped their research. They got money from elsewhere. People who are creative with an unconventional idea do not give up easily even if they cannot get a research grant.

Mr. BRASCO. Would the gentleman yield? I think in this particular case this is what Dr. Revici is doing, because if he has some 1,700 people that have had contact with this drug of his in a program, and if he is obviously not getting any help from us, then he is going out and doing it on his own.

But the real observation I wanted to make, Doctor, is this. It would seem to me from the testimony that I hear in connection with all the research that is going on, and with the great difficulty of the different agencies, and I am not talking about you now, but you have been here for some of the testimony, to recall what they are doing in research, what their budgets are and who is doing what and to whom, so to speak, might it be a better approach in line with your own testimony that you have a number of obligations, leukemia being one, several of the others—cancer being another, and there are several others, Parkinson's disease that you mentioned—that should we not have under your jurisdiction maybe a separate division that does not have to divide its resources, that can just zero in on this one particular problem, so that we can have a unified concentrated effort under one roof, and we can always be abreast of what is going on and maybe it might be wise in your approach to consider it.

Dr. BROWN. We will be glad to have some organizational observations as to the budget, if you so desire, if you couch the question to include that.

Mr. BRASCO. I think that would be most helpful.

Thank you.

Mr. STEIGER. I have no further questions, Mr. Chairman.

Chairman PEPPER. Just before my colleague, Mr. Mann, I would just like to say this for the record. I understand that Dr. Revici has been ill and that is the reason that he has not kept the appointments.

Dr. BROWN. Yes; that is what he said.

Chairman PEPPER. I am sure we are very much interested in your thoroughly examining Perse to see whether it has any potential or not.

Mr. Mann?

Mr. MANN. No questions, Mr. Chairman.

Chairman PEPPER. Doctor, we are interested in two things. We have already been over the research aspects of it. We want to develop the best possible drugs for use in combating heroin addiction.

Now, the other thing is to establish the necessary treatment and rehabilitation facilities that deal with the heroin addicts in the country.

When we held hearings in San Francisco in 1969, one of the doctors, Dr. Roger Smith, who was in charge of a clinic in Haight-Ashbury, as I recall, testified before our committee that the thing he thought most desirable was to establish a clinic in each community, in each area of a city. It need not be large and need not be public. It could be an approved private clinic. But to establish a treatment and rehabilitation facility in almost every community where there was a drug problem so as to make it easily accessible to the drug addict.

Now, what we would like to do is to get a blueprint from somebody who could give us one of what would be the desirable pattern for treatment and rehabilitation facilities in this country if we were trying to set up what was necessary and desirable in the public interest.

Could you, or any of the gentlemen associated with you, tell us what facilities are now available and then tell us what you think would be desirable if we were adequately to meet the problem?

Dr. BROWN. Yes. We would be glad to develop such a thoughtful document that would lay out a blueprint. I do think the fact that available health resources, and I am using the most general term, ought to be available in every community for the drug problem—this is clearly a beginning. I start from that premise that one ought to be able to get help somewhere near home. This has been our blueprint with considerable effectiveness in the mental health area, generally, with the community mental health centers. We hope to have a network of 2,000 centers in every local community. So far we have such centers covering about a quarter of the country and we made considerable progress with many a hard-nosed criteria. I do think a parallel or analogous network of services is needed in the drug area.

Chairman PEPPER. That sounds like a good analogy. That is what we are looking for, an adequate program.

As I understand it now, how many treatment and rehabilitation programs are there, so far as you know, in the country today?

Dr. BROWN. We know those that we have funded, which is roughly 23 such community centers throughout the country. We do know of perhaps 100 additional treatment centers that might range from free clinics like the one in Haight-Ashbury, drop-in centers and other partial therapeutic houses, halfway houses, bits and pieces as we call them, as important as they are.

Chairman PEPPER. If you are funding 23, that is less than one for half of the States of the country. Now, in Miami, in my home, the people there who have been trying to provide treatment and rehabilitation facilities have had a terrible ordeal to get the money. In one instance the Bishop of the Diocese of Miami, the Catholic Church, provided the only money that was available for a methadone clinic. It was operated by a Dr. Ben Shepard. You know about that. Then there is one now operated by Father O'Sullivan. Then there is another one up in North Miami, I believe it is, and then there was some sort of a