and what they might be seeking to measure. For example, input on sales. I just think we do not lend ourselves to such a study.

Mr. GORDON. But if, as you say, the drug companies do studies—and I am sure they do these studies—and they keep on spending the money, is it not reasonable to assume that it does have a favorable effect on their sales, or at least that is their decision?

Mr. RAEBEN. Well, I cannot say.

Mr. GORDON. We all agree that they must think it does them some good. Is that right?

Mr. RAEBEN. I certainly think that would be the way I would put it. Thank you.

I suppose it would be nice for us in some ways if we could show a more direct connection perhaps on their fortunes to their support of the things we do.

Senator NELSON. Well, I assume your next sentence tends to answer that. You say "Surveys are done to determine if physicians watch our programs and find them useful." If those surveys indicate a positive response, obviously, the doctor watches the program and thinks the program is useful, then the advertiser can assume that if his advertising is any good it also helps his product. I assume that is the case.

Mr. RAEBEN. I think he makes just that assumption.

Senator NELSON. Who does the surveys, Mr. Raeben, to ascertain if the physicians watch the programs? Are they done at the convention or are these the ones at the hospital?

Mr. RAEBEN. These are the ones at the hospital. And we do quite a bit of surveying ourselves. It is very important for us to know, both with respect to individual programs as well as annually, what the viewership is. And I know that the advertiser—the sponsor—surveys it directly to find out as well as he can what the tendency is.

Senator NELSON. Well, of the 700 NCME hospital affiliates—as I recall, you stated that those programs are available to 145,000 physicians, which included interns—do you collect any statistics from the affiliated hospitals as to how many times these programs were run and how many viewers saw them? Do you have those statistics?

Mr. RAEBEN. Yes; we do collect such information. I have to say that—and this is probably another common phenomenon—information provided to one by hospitals that receive our programs probably is biased in an optimistic direction. They tend to say everybody watches them a whole lot. And we have to go behind that level of surveying, and literally call a sample of physicians on the telephone and ask them what their own experience has been. And it is I think that data that is somewhat more trusted by us in determining the accuracy of that answer.

Senator NELSON. And you do make those kinds of surveys. Is that correct?

Mr. RAEBEN. We do and the sponsor does as well.

Mr. GORDON. Mr. Raeben, you say that your Medical Advisory Committee meets regularly to select specific program subjects and often to suggest participants for them. Who has the responsibility for selecting the participants?

Mr. RAEBEN. Well, I suppose you would ultimately have to say that our own staff does. What the Medical Advisory Committee will